

**PARISH OF KILCONRIOLA AND BALLYCLUG
SAFEGUARDING TRUST**

When completed return this form to

9.2.7. Membership registration form

Organisation ...**St Patrick's Youth Club**.....

Meeting on ...Saturday..... at7 pm... in ... St Patrick's Church

Name of child

Address

..... Post Code

Age Date of Birth

Next of Kin Relationship to child

Addresses if different

.....

Tel. No. Mobile No.

Email address

In case of emergency relative or person to be contacted if above named not available

Name Relationship to child

Tel. No. Mobile No.

I give permission to (child's name)..... to become a member of (name of the organisation) ... **St Patrick's Youth Club**meeting on the day and time specified above and to participate in all the activities of the organisation, and know of no medical reason why he/she should not do so (see next paragraph). It is my understanding that my specific consent will be sought for any additional activity outside the above day and times and venue.

Please indicate below if your child suffers from any medical condition of which the leaders should be informed or if he/she requires special medication for any such condition.

.....

.....

Is your child allergic to any medication or any other substance eg. nuts?

Yes

No

PTO →

Has your child any special dietary requirements? If yes, please specify.

.....
.....

Parent /guardian signature **Date**

Consent must be provided by the person with parental responsibility.

Emergency First Aid

I give permission for **basic first-aid** to be administered to (child's name) In the event of him/her being taken ill or injured duringSt Patrick's Youth Club..... so that surgical intervention or serum injection becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written consent forms required, provided the delay necessitated to obtain my signature might endanger his/her health or safety.

Parent /guardian signature **Date**

Consent must be provided by the person with parental responsibility.

Consent for the use of photographs, video or social media.

We recognise the need to ensure the welfare and safety of all young people. In accordance with our child protection policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/carers and children and will take great care as to the possible display or publication of these images.

We will follow the guidance for the use of photographs as agreed by the Parish Panel. A written policy is available from the **Leader of the organisation** upon request.

We will take all steps to ensure these images are used solely for the purposes they are intended. This might include display on parish communication boards or possible publication through COI gazette / Parish website / Parish magazine / Parish Facebook page and local weekly newspapers.

If you become aware that these images are being used inappropriately, you should inform (club or organisation) ..**St Patrick's Youth Club**.....immediately.

I (parent/carer)consent to/do not consent to **(club/organisation)**photographing or videoing activity in which **(name of child)** is involved.

Signed **Date**