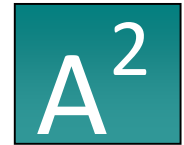




# ACTIVITY PERMISSION FORM FOR PERSONS UNDER 18 YEARS OF AGE



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GROUP: Ossory Youth Lourdes Pilgrimage Group

ACTIVITY /PROJECT Ossory Pilgrimage to Lourdes

Venue: Lourdes, France

Day/Date: 22<sup>nd</sup> – 27<sup>th</sup> May 2014

Duration 5 Days

Group Leader Mr. Derek Dooley,

Name of Young Person .....

Date of Birth .....

Address .....

.....

.....

**CONTACT DETAILS OF PARENT/GUARDIAN:**

NAME: .....

TELEPHONE NUMBER(S) FOR THE DURATION

OF THE PROGRAMME: .....

MY CHILD **DOES** **DOES NOT** HAVE PERMISSION TO WALK HOME ALONE ON RETURN.

*Having read all the information provided on this page concerning the above activity, I hereby give permission for my son/daughter/ward to participate in the above activity. I also give permission for group leaders to make any necessary emergency decisions during this activity.*

SIGNED: .....

(Parent/Guardian)

Date:.....

SAFEGUARDING CHILDREN  
Diocesan Designated Team

Fr Daniel Bollard : 087 6644858  
Fr Daniel Cavanagh: 087 2335434  
Ms Mary Brennan: 085 7701716  
Mr Tom Hunt: 085 7701718

Any concerns regarding the safeguarding of children taking part in this activity should be brought immediately to the notice of a member of the Diocesan designated Team.

All those taking part in Parish activities are expected to abide by the code of Behaviour for the activity, and to comply with instructions given by leaders otherwise they may be excluded from activities.

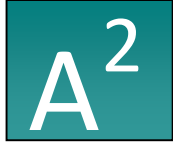
Please ensure that your child has any medication he or she might require and knows how to take it. Any medical information provided will be treated confidentially.

Parents are reminded to drop off or collect children and young people promptly from all activities. Only those with signed permission will be allowed to leave unaccompanied.

The Diocese for Ossory only accepts liability or responsibility for an incident or accident caused by the negligence or breach of statutory duty of the Diocese, its servants or agents



# ACTIVITY PERMISSION FORM FOR PERSONS UNDER 18 YEARS OF AGE



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### Medical Information

- My child has had TETANUS vaccine/booster Yes / No
- My child is allergic to PENICILLIN Yes / No
- My child is allergic to OTHER KNOW MEDICATION Yes / No
- My child is allergic to certain FOODS (if YES please state) Yes / No
- Does you child suffer from any MEDICAL CONDITION Yes / No
- Is your child currently using medication Yes / No
- Does your child suffer from travel sickness Yes / No

If you answered yes to any of the above questions please provide information about your child that is important for us to know.

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### **CONSENT FOR PARTICIPATION IN PREPARATION/FORMATION COURSE**

There are a number of formation days in preparation for the pilgrimage which each youth pilgrim must attend. These days will include group activities and trips.

**I hereby give permission for my son/daughter/ward to participate in the above formation days and related activities and trips. .**

**I also give permission for group leaders to make any necessary emergency decisions during these activities and trips.**

SIGNED:

(Parent/Guardian)\_\_\_\_\_

Date:.....

### **CONSENT FOR PHOTOGRAPHS/VIDEO USE**

In the course of the pilgrimage/program run by the OLYPG, volunteers/workers and young people may take photographs or video footage. I understand these will only be used for appropriate display publication as approved by the Youth Director.

**I consent to the use of images as described above**

**I do not consent to the use of images as described above**

Signature:\_\_\_\_\_Date:\_\_\_\_\_