



**Leixlip Youth Project,
Newtown House,
Captain's Hill, Confey
Leixlip, Co. Kildare**

Zoe Mooney (087 124 7576) or Mars Blake (083 1755953)

Parents' Consent form May 2021

I give permission for _____ (Participant/Young Person) to take part in the Leixlip Youth Project **Stepping Stones Transition Programme online** and/or in Easton Meadows Community Centre which run on various dates in July or August as per letter (letter received at later date).

This consent form covers your Young Person to participate in 6 weekly online youth group sessions where the young person is part of a group. These groups will be online via Zoom. Groups generally run once a week for 1 hour sometime between 4:00pm and 8:00pm. However if there are any changes/cancellations to these times or any additional sessions, either members or parents will be advised.

(Young Person) School / Class September 2022: _____

Parents/Guardian Name: _____

Relationship to young person: _____

Address: _____

Contact Numbers: _____

Emergency contact number: _____

Member's (Young Person) mobile phone number: _____

Doctor's Name: _____ Doctor's Number: _____

Members (Young Person) Age: _____ Date Of Birth: _____

Does your child have permission to walk home after the group is finished? **YES** **NO**

See next page→

While every care will be taken to ensure the safety and welfare of your child, insync staff and leaders need your permission to act on your behalf during an emergency.

I ----- (parent/guardian) give permission for the staff and leaders of Leixlip Youth Project, to act on my behalf should any emergency arise.

Does your son/daughter/young person in your care have any special needs (including dietary, medical, allergies e.g. asthma) or any illness we should be aware of?

- If there are any changes/cancellations to these times or any additional sessions, we may contact members (Young Person) through their own mobile phone numbers.
- Photographs may be taken of your Young Person during sessions for insync Newsletter and other publications.
- We may occasionally change the times of the group, have additional sessions or have to cancel sessions. Where this happens we will let either members or parents know.

Signed: _____ (Parents/Guardians Signature)

Date: _____