

Parental Consent and Medical Form for Events, Activities and Residential Holidays for Under---18s

Model form for completion by parents (or adults with parental responsibility) giving consent to their child/young person taking part in church group activities and providing essential information for group leaders.



Parental Consent and Medical Form for Events, Activities and Residential Holidays for Under 18's

Name of church

Group Event

..... Venue

..... Date(s):

This form must be completed by a parent/guardian in order for the child/young person to participate in the event/activity. It should be signed and returned to:

Name by
..... (date)

PLEASE NOTE: IF THIS FORM IS NOT COMPLETED IN FULL AND RETURNED TO THE PERSON NAMED ABOVE THE CHILD/YOUNG PERSON WILL NOT BE ABLE TO PARTICIPATE IN THE EVENT/ACTIVITY.

Full name of child/young person

Date of birth / /

Address

.....

..... Postcode:

Telephone number(s):

The person to contact in case of emergency during this event is:

Name Relationship

to child/young person: Address:

.....

Telephone number(s):

Should the above not be available, please contact:

Name Relationship

to child/young person: Address:

.....

Telephone number(s):

Child's/young person's registered GP

Name Address

.....

Telephone number(s):

National Health Number

Please state date of last anti-tetanus injection (if known) / /

Does the child/young person suffer from any allergies? Yes No (Please tick)
(e.g. medicine, food, insects...) (If yes, please give details)

Does the child/young person have any medical conditions about which we should be aware? Yes No (Please tick)
(e.g. asthma, fits, migraine, epilepsy) (If yes, please give details)

Does the child/young person have any disability about which we should be aware? Yes No (Please tick)
(If yes, please give details)

Is the child/young person taking any medication? Yes No (Please tick)
(If yes, please give details.)

Has the child/young person been in contact with or suffered from any disease which is or may be contagious or infectious, in the last four weeks?
(If yes, please give details.)

Declaration

Please note that this declaration can only be signed by those with parental responsibility (e.g. this does not include a foster carer).

- I give permission for[insert name] to take part in the event named above.
- I consider my son/daughter to be medically fit to participate in the activities outlined.
- I require that my son/daughter be excluded from the following:

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

In an emergency and/or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anesthetic:

Yes No (Please tick)

Signed (parent or adult with parental responsibility) Date / /

Privacy Notice [Please amend to suit your church]

Under Data Protection legislation the church Charity Trustees of [Enter Church name] are the Data Controller and can be contacted by ringing [xxxxx xxxxxxxx] or emailing [xxx@xxxxxxxxx]. We are collecting this information to enable the church to run [state activity e.g. Sunday School, Holiday Club, Youth Group trip] safely and ensure we can contact you (or other nominated adult) in case of an emergency. Data Protection legislation allows us to process this information as we regard it as being in the church's legitimate interest. If you are unable to supply the information requested then we will be unable to accept your child at [state activity]. The information **you** supply will be **held in paper form in a folder which will be kept in a securely locked cupboard in the church office. Only the Ministers and the activity leaders will have access to this information. The information will be kept for three years after the form was completed unless a safeguarding incident or concern is raised.**

We will NOT pass on this information to anyone else. You have the right to ask to be removed from this circulation list at any time. If you are concerned about the way your information is being handled please contact us using the above details. If you are still unhappy you have the right to complain to the Information Commissioners Office.