

# SUMMER BREAKOUT 2018

## **Permission & Medical Consent Form**

Child's Forename(s).....Surname.....

Child's Address.....

Postcode.....Age.....D.O.B.....

Please give full name(s) and relationship of any adult(s) with whom this child lives:

.....  
.....

Address (if different than above): .....

Postcode .....

### **Contact Details**

Name of contact..... Relationship .....

Home number..... Mobile .....

Email .....

Name of *additional* contact..... Relationship .....

Home number..... Mobile .....

Email .....

*If you do not have parental responsibility (e.g. you are a foster carer, other relative, etc.) please give details of those with parental responsibility:*

Name..... Relationship .....

Address (if different than child's) .....

Postcode..... Home no. .... Mobile .....

Email .....

### **Medical Details**

Name of Child's GP..... Phone Number .....

Address and postcode .....

In the event of an emergency **basic first aid** will be administered;

Are there any medical conditions/ allergies (e.g. plasters, nuts, etc.) which we should be aware of and any medication that is required (give details, and whether these need to be taken regularly)

.....  
.....  
.....

Does the child named above have any other dietary or special needs about which you would like their leader to be aware of?

.....  
.....  
.....

**Parental Consent:** I am willing for the child named above to participate in the Summer Breakout programme with Holywood Parish Church Youth and confirm that he/ she is willing to participate as fully as possible. I understand that while involved he/ she will be under the control and care of the group leader and/ or other adults approved by the church leadership and that while the staff in charge will reasonable care of the children, they cannot necessarily be held liable for any loss, damage or injury suffered by my child during, as a result of, the activity.

Yes  No

**Medical Consent:** In the event of him/ her becoming ill or injured during the period of the activity, so that hospital, dental, or surgical treatment including serum injection becomes necessary, I hereby authorise the leader in charge to sign on my behalf any written forms of consent required, given that the delay necessitated to obtain my signature might endanger his/ her health or safety.

Yes  No

**Photographs/ Videos:** I agree that photographs/ videos that include the named child may be published within St. Philip & St. James or used on the church website. No personal information will be divulged in the use of photographs and/ or videos.

Yes  No

**Data Protection:** I give permission for my child's details to be held by St. Philip and St. James Holywood, subject to legal requirements and obligations of the Data Protection Act. This information is held for the sole purpose of keeping in contact with you and your child and promoting activities at this church. This information will be regarded as confidential to the church and may not be used to communicate to people or organisations outside the orbit of church activities.

Yes  No

**Communication:** From time to time we may send reminders of our events or activities via text and/ or email. Would you rather receive the relevant information to:

You       your child (11-18 years old)       both

**Transportation:** By signing this form you give consent for your child to travel with Holywood Parish. If you wish to make alternative travel arrangements you must put this in writing and attach to this form.

**Duty of Care:** Your child will remain in our duty of care until they are picked up by a named parent or guardian. If you wish to allow your child to leave our care without being collected, then you must put this in writing and attach to this form.

I hereby confirm that all information given is, to the best of my knowledge correct and that no information or consent on this form has been falsified.

Parent's/ Guardian's signature ..... Date .....

***N.B. Information section may be completed by carer. However, consent must be proved by the person with parental responsibility (e.g. not including a foster carer).***

All information collected and stored will be handled in accordance with General Data Protection Regulations (**GDPR**). If you have any reservations about data processing in Holywood Parish Church please contact our Data Controller, Rev. Ken McGrath (07988391508).