

# Destination X holiday club consent and medical form 2018

This form should be completed by parents/guardians for all under 18 years of age.

**Date:** 24<sup>th</sup> – 27<sup>th</sup> July 2018

**Start time:** 10am

**Finish time:** 12:30pm

**Venue:** Larchfield Community Centre

**Cost:** £1 per day

**Days that your child will be attending:** Tuesday 25<sup>th</sup> ..... Wednesday 26<sup>th</sup> ..... Thursday 27<sup>th</sup> ..... Friday 28<sup>th</sup> .....

**Information** (a separate sheet is required for each child) Please Print

First Name: ..... Surname: ..... Date of Birth: ..... Age:.....

Address: ..... Postcode: .....

Name of Parent/Guardian: ..... Email: .....

Telephone: (Home) ..... (Mobile) .....

I am happy for the group administrator to store my telephone number on her mobile. Yes  No

Emergency contact: ..... Relationship: .....

*(If above unavailable)*

Phone number: (day) ..... (Mobile) .....

I shall be picking up my child at the end of the session Yes  No

If no please indicate who will be picking up your child:

Name: ..... Relationship: .....

Permission to go home on their own (**year 6 only**) Yes  Signed: ..... Relationship: .....

## Images

At times the club may wish to take photos or videos of the group or individuals in it. We adhere to Child protection guidelines to ensure these are safe and respectful (for example by not using names) and used solely for the purposes for which they are intended for, which is the promotion and celebration of the activities.

Please indicate if this is acceptable to you: **Yes**..... **No**..... (if no please state if this is completely or just for online, i.e. you are happy for them to be displayed in the building) .....

## Medical information

Doctor's name: ..... Surgery: (name)..... Telephone number: .....

Surgery address: ..... Postcode: .....

Does your child have any known medical conditions / disabilities e.g. diabetes, epilepsy or allergies e.g. food, medication, plaster, that the leaders should be aware of? Yes  No

If **yes** please complete section below

Name of medical condition/allergy/disability .....

Details of any current treatment including medication: (please give name and dose) .....

Date of last tetanus if know: ..... National Health Number: .....

Is there any other information that you feel the leaders should be aware of? ..... **PTO**

In the unlikely event of illness or accident, I give permission for any appropriate first aid to be given by a first aider. In an emergency I agree to the participant receiving any dental or medical treatment, including anesthetic or blood

transfusion as considered necessary by the medical authorities present. I understand that every effort will be made to contact me as soon as possible.

*The Larchfield Churches Team needs your child's sensitive information to make sure that we look after their well-being when taking part in Club activities. The Larchfield Churches Team respects personal privacy and only group leaders on a need to know basis, will see the information you give. We won't share information with third parties without asking you, except in certain circumstances required by law, a regulatory requirement or to safeguard a child or young person.*

*At the end of the club we'll archive the information in line with our data protection policy. You have the right to ask for a copy of all data we hold about your child. This is known as a subject access request (SAR). You also have the right to withdraw your consent for us to use any data or to ask us to stop using data, which we have to comply with within a reasonable period.*

I agree to the Larchfield Churches Team collecting, storing and using the sensitive information I have provided.

I agree that the Larchfield Churches Team can collect, store and use this personal information for administration, activities, opportunities and marketing. The Larchfield Churches Team will not share this information without your consent, except in certain circumstances required by law, a regulatory requirement or to safeguard a child or young person. All information will be kept securely.

Signed: ..... Relationship: ..... Date: .....