

Consent for an Activity / Event

Nature of Activity/Event *(write a description of the Activity/Event here)*

Note: If you are planning a swimming activity please include:

- I give permission for the child's participation in the swimming activity.
- The child can swim 50 metres. Yes ☐ No ☐
- The child is water confident in a pool. Yes ☐ No ☐
- The child is safety conscious in water. Yes ☐ No ☐

Date of Event:

Time(s):

Name of Child/Young Person:

D.O.B.

- I agree to his/her participation in the activities described above.
- I understand that group/activity photographs may be taken during the event, in line with the Church's policy. I give my consent to this.
- I acknowledge the need for him/her to behave responsibly and will ensure he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct for children/young people (attached).

Transport Arrangements *(for which parents/responsible adults hold responsibility):*

Please detail how the child will travel to and from the activity or the pick-up point for the day/residential trip.

Medical Information about the Child

Any conditions requiring medical treatment including medication
e.g. inhalers, anti-epileptics or insulin?

Yes ☐

No ☐

If YES please give details.

Please outline any special dietary requirements of the child (including allergies e.g. nuts) and the type of pain/flu relief medication the child may be given if necessary.

Please outline any fears or phobias the child has. This information will enable the adult helpers to assist the child should any difficulties arise.

Is your child allergic to any medication e.g. penicillin?

Yes ☐

No ☐

If YES please specify:

When did the child last have a tetanus injection?

Is there any other relevant information/specific needs that need to be known by the organiser (e.g. travel sickness/mobility)?

FOR RESIDENTIAL TRIPS ONLY

To the best of your knowledge, has the child been in contact with any contagious or infectious diseases or suffered from anything in the last few weeks that may be contagious?

Yes ☐

No ☐

If YES please give brief details:

- I will inform the event leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the journey.

Contact telephone numbers

Name and address of responsible adult

Name

Address

Telephone No. Day

Telephone No. Evening

Mobile

Landline

Relationship to child

Name and address of additional responsible adult (in case of emergency)

Name

Address

Telephone No. Day

Telephone No. Evening

Mobile

Landline

Relationship to child

Name and Address of Family Doctor:

Telephone No.

Declaration

In the event of an illness or accident every effort will be made by the event leader or their assistants to contact me. If, for whatever reason, this is not possible, I agree to the child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.

Signature:

Name in Full:

Date:

Data Protection This form will be held on file, in accordance with the Data Protection Act 2018, data protection policy of the Diocese of Down and Connor and the Privacy Notice of the Down & Connor Safeguarding Office , which can be found at <http://www.downandconnorsafeguarding.com/privacy-notices/>

The data entered will be used only for the purpose indicated on the form and will be held confidentially. The data may only be accessed by those with responsibility for managing records or group activities and will not be shared with external organisations unless there is a need and a lawful reason to do so. The data will be updated when appropriate and destroyed when no longer necessary or relevant.