**Form Ref: CaSE 4**



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| **PARENTAL CONSENT FOR AN ACTIVITY/EVENT** |
| 1. **NATURE OF EVENT/ACTIVITY:**
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| **Date(s):** |  | **Time(s):** |  |
| I agree to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(insert name)* Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_* I agree to his/her participation in the activities described;
* I understand that group/activity photographs may be taken during the event, in line with the Church’s policy and I give my consent to this;
* I acknowledge the need for him/her to behave responsibly and will ensure that he/she is aware of this expectation.
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| 1. **TRANSPORT ARRANGEMENTS:**

**(for which parents/carers hold responsibility)**Please detail how your son/daughter will travel to and from the activity or the pick-up point for the day/residential trip. |
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| 1. **MEDICAL INFORMATION:**
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| 1. **Does your child have any condition/s requiring medical treatment including medication e.g. inhalers, anti-epileptics or insulin?**
 |
| **YES** | **[ ]** *If* ***YES*** *please give details below* | **NO**  | **[ ]**  |
|  |
| 1. **Please outline any special dietary requirements of your child (including allergies e.g. nuts) and the type of pain/flu relief medication your child may be given if necessary.**
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| 1. **Please outline any FEARS OR PHOBIAS your child has.**

*(This information will assist the adult helpers to assist your child should any difficulties arise)* |
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| 1. **Is your son/daughter allergic to any medication e.g. penicillin?**
 |
| **YES** | **[ ]** *If* ***YES*** *please specify below* | **NO**  | **[ ]**  |
|  |
| 1. **When did your son/daughter last have a tetanus injection?**
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|  |
| 1. **Is there any other relevant information/specific requirement/s that need to be known by the organiser? e.g. travel sickness/mobility**
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| 1. **FOR RESIDENTIAL TRIPS ONLY - To the best of your knowledge, has your son/daughter been in contact with any contagious or infections diseases or suffered from anything in the last few weeks that may be contagious?**
 |
| **YES** | **[ ]** *If* ***YES*** *please give details below* | **NO**  | **[ ]**  |
|  |
| **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.** |
| 1. **CONTACT INFORMATION:**
 |
| **Work /Mobile No:** |  |
| **Home Tel No:** |  |
| **Home Address:** |  |
| **Alternative emergency contact:** |
| **Name:** |  |
| **Tel No:** |  |
| **Address:** |  |
| **Name of Family Doctor:** |  |
| **Doctor Tel No:** |  |
| **Doctor Address:** |  |
| 1. **DECLARATION**
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| 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 my son/daughter 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. |
| **Signed:** |  | **Date:** |  |
| **Full Name:** *(capitals)* |  |

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| **PARENT/CARER AND YOUNG PERSON CONSENT FORM FOR THE USE OF PHOTOGRAPHS/VIDEO**…………………………………………………………………………………………………………………………………… *(insert name of parish/event)* recognises the need to ensure the welfare and safety of all children and young people.In accordance with our safeguarding policy we will not permit photographs, video or other images of children and young people to be taken without the consent of the parents/carers and children.The named parish/event will follow the guidance for the use of photographs, a copy of which is available from:*Safeguarding Office, Curial Offices, 2 Park Rd South, Prenton CH43 4UX (0151-652-9855)*The named parish/event will take all steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform: Andrew O’Brien (Safeguarding Co-Ordinator) on the above Safeguarding Office address immediately. |
| **PARENT/CARER TO COMPLETE:**I ……………………………………………………………………………………………………………… *(insert name of parent/carer)* consent to the named parish/event photographing or videoing my child: …………………………………………………………………………………………………………… *(insert name of child)*I understand that these images will be displayed in the following circumstances: *(give details including dates)* ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………and I hereby agree to this.Signature: ………………………………………………………………………………………… Date: ………………………………………… |
| **CHILD/YOUNG PERSON TO COMPLETE:**I …………………………………………………………………………………………………………… *(insert name of child)* consent to ………………………………………………………………………………………………………………………………………… *(insert name of parish/event)* photographing or videoing my involvement in the following activity: *(insert activity/brief detail)* ………………………………………………………………………………………………………………………………………………………………I understand that these images will be displayed in the following circumstances: *(give details including dates)* ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………and I hereby agree to this.Signature: ………………………………………………………………………………………… Date: ………………………………………… |

**Privacy Notice**

**The personal information we collect from you on this form will not be transferred to any third party for marketing purposes. The information you provide on this form will be used in accordance with the General Data Protection Regulations 2018 and only transferred only to a third party in accordance with Safe Guarding procedures, as required by law or in pursuance of the Diocesan Legitimate Interests. The personal details on this form will be destroyed or deleted from our data base after the event. You can read our full privacy notice at www.dioceseofshrewsbury.org/about-us/privacy-notice.**