

## ::12.01 Parental Consent Form (Revised)

Anything written on this form will be held in confidence.

The leaders need to know these details in order to meet the specific needs of your child.

Name of Congregation: <b>Carryduff Presbyterian Church</b>  Name of Organisation(s) attended: <b>Holiday Bible Club (18-22 June 2018)</b>  <i>Throughout the week we will use the premises of Carryduff Presbyterian church and the grass playing fields at Carryduff Primary School for outdoor games. All children will be escorted by leaders when crossing the road and will be supervised at all times.</i>
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*I give permission for my child to attend the organisation(s) above at their usual meeting places and participate in all of their activities.*

Child's full name:	DoB:
Name by which he/she is usually known:	
Address:	
Name of Parent/Guardian to be contacted:	
Phone number where I can be contacted in an emergency:	
Home:	Mobile:
Second contact's Name:	
Relationship to Child:	
Phone no (including code):	
Please indicate medical conditions, additional needs, allergies or dietary requirements relevant to your child, any medication being taken and anything else that would be helpful for the leaders to know about:	
During the week, photographs and a video will be taken. These may be used in church publications and on our social media feeds. <b>Please tick the box below if you do not wish for the above named child to be photographed:</b> <div style="text-align: center;"><input type="checkbox"/></div>	
Please tick the box below if the named child will make their own way to/from holiday bible club: <div style="text-align: center;"><input type="checkbox"/></div>	

*In the event of illness or accident, having parental responsibility for the above named child, I give permission for first aid to be administered where considered necessary by a first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.*

In the event of a medical emergency, leaders will endeavour to contact you as soon as possible using the contact telephone numbers given.

*I will inform the leaders of any important changes to my child's health, medication or needs and also of any changes to our address or to any of the phone numbers given above.*

<b>I confirm that the above details are correct to the best of my knowledge.</b>		
Signature :	(Parent / Guardian)	Date:

*Carryduff Presbyterian Church Holiday Bible Club (HBC) is committed to ensuring that any information gathered in relation to HBC 2018 meets the specific responsibilities as set out in the General Data Protection Regulations (GDPR). Data on this form will be retained for solely Carryduff Presbyterian Church and HBC purposes. The information will be accessed by those involved in overseeing and providing the HBC. Some of the information provided is of a sensitive nature relating to medical conditions which is retained to deal with medical emergencies and to ensure healthy participation. The information will be processed in respect of the necessary team leaders and medical authorities. We will store the information for a maximum of 12 months.*