**Notes for leaders using this form:**

* This form is suitable for editing for your own purposes.
* You may want to give more information about the group/activity in a separate sheet (replace these notes with it).
* Some sections will not be relevant for your activity/setting e.g. medication and details of health issues. You may want to amend and/or delete these sections but it is good practise to include an opportunity for parents to give information about health issues and other information especially special needs. Parents are often reluctant to disclose this information as they think you will not be able to take the child into the group, but it is best if you make it clear that this information is used for planning provision so all children and young people can be included.
* The permission to use the data for the event is essential as a requirement of GDPR and the information should not be used for anything else except in the case of a safeguarding concern or issue. The Moravian Church has a data policy and all data should be stored in a secure manner, either electronically or on paper.
* For information on retention times for the forms please refer to the document storage policies of the church.
* This form is designed for use with participants under the age of 18 but could be modified to provide information on adults taking part in a residential event. As an absolute minimum contact details in case of emergency should be requested.

**The Moravian Church (insert congregation/district name)**

**(Insert event/regular activity name -**e.g. Sunday school, Bowling outing, camp**)**

**Consent and Health Form**

Please complete all of this form – this form is confidential and will be stored securely. Please read the data statement at the end of this form.

|  |  |
| --- | --- |
| **EVENT or ACTIVITY:** |  |
| **Date(s) and time of event or activity:** |  |

|  |  |
| --- | --- |
| **Participants full name** | |
| **Date of birth:** | **Gender** |
| **Address:**  **Post code:** | |
| **Telephone no:** | |

|  |
| --- |
| **Please PRINT name of person with parental responsibility:** |
| **Contact email:** |

**In the case of any emergency please contact:**

|  |  |
| --- | --- |
| **Name:**  **Relationship:** | **Name:**  **Relationship**: |
| **Telephone no:**  **Day and evening** | **Telephone no:**  **Day and evening** |

**Health information**

Please use additional sheets and attach them to this form if required.

|  |  |  |
| --- | --- | --- |
| **GP's name:** |  | |
| **GP's address:** |  | |
| **GP's telephone no.**  **(including area code):** |  | |
| **Participant's National Health number** | |  |
| **Details of any medical condition.** e.g. asthma, allergies (including hay fever) diabetes, epilepsy etc. | | |
| **Details of any current medication/treatment** (name of drug, dosage, frequency etc.) Please keep the leadership team updated.  ***Please note that leaders are allowed to supervise the taking of medication but not to administer prescribed or non-prescribed medication. To avoid the risk of loss or damage ALL medication, clearly marked with the child's name and details of dosage and administration, should be handed to the designated leader who will ensure that it is kept in a safe place and available at the correct time. Records are kept of all medicine administered.*** | | |
| **Date of last tetanus injection** (in case of injury requiring treatment): | | |
| **What type of over the counter medication your child may be offered if necessary** (e.g. paracetamol, antihistamines)? : | | |
| **Other information:** | | |
| **Details of any dietary needs** | | |
| **Details of any other special needs/requirements/help needed:** | | |

*All information on this form will be treated in confidence and only used if necessary.*

**Inadequate *information could put life at risk***

**Permissions**

**□** I agree to complete any other permission forms required on acceptance of this booking (may be required for activities provided by outside organisations)

**□** I certify that the above details are correct, and I agree to my child taking part in the activities as summarised in the information sheet.

**□** I agree to photographs and short videos of activities including my child to be taken for use within the church community and for possible publication including newspaper or internet. These will not be tagged with your child’s name**. Please note we cannot control the young people taking and sharing pictures of each other.**

**□** I agree to any emergency treatment to be given as considered necessary.\**NB The medical profession takes the view that a parent’s consent to medical treatment cannot be delegated. Medical consent forms have no legal status and a doctor has the right to insist on parental consent before treating a child. However, medical staff may find this type of general consent helpful*

*.***□** I agree to the processing of the data on this form for this activity only

Signed ………………………………………… Relationship to child ………………………

Name………………………………………… Date ……………

*Send the completed form to (enter name of activity leader/organiser)*

**Participants over 13 years must sign here to consent to the processing their data.**

**□** I agree to the Moravian Church processing my data for this event

**□** I agree to photographs and short videos of activities of me to be taken for use within the church

community and for possible publication including newspaper or internet. I understand that the Moravian Church cannot control pictures/videos taken by other young people.

……………………………………………….………………….(Participant) Date ………………….

**Data protection – please read before signing above.**

Your privacy is important to us, and we want to communicate with children, young people, and their parents in a way which has their consent, and which is in line with UK law on data protection. As a result of a change in UK law, we now need your consent to how we contact you and to process any data.

By signing this form you are confirming that you are consenting to the Moravian Church in Great Britain and Ireland holding and processing your personal data for the above event only. Permission will be sought if it is required for other purposes.