**(FN-009)**

**PARENTAL CONSENT FORM FOR AN ACTIVITY/EVENT ORGANISED BY THE CATHOLIC SYRO-MALABAR EPARCHY OF GB**

**NAME OF THE EPARCHIAL REGION:**

**NAME OF THE EPARCHIAL PARISH/MISSION/PROPOSED MISSION:**

Parental Consent for an Activity

# Child’s Details

|  |  |
| --- | --- |
| Child’s Full Name: |  |
| Date of Birth: |  |

# Nature of Event / Activity

|  |  |
| --- | --- |
| Description: |  |
| Date: |  |
| Time: |  |

# Emergency Contact Details

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

#### Child/Young Person’s Doctor

|  |  |
| --- | --- |
| Name of surgery: |  |
| Name of Doctor: |  |
| Surgery Address: |  |
| Surgery telephone number: |  |
| Child’s NHS Number: |  |

# Code of Conduct

|  |  |
| --- | --- |
| I understand that all leaders and helpers will be expected to adhere to the Code of Conduct. |  |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with the Code of Conduct for Young People is fully understood by my child. |  |

# Medical Information

#### Medications

Does your child have any condition/s requiring the administration of medications or other treatment?

|  |  |
| --- | --- |
| Yes |  |
| My child requires the following medications and treatment: |  |
| I confirm that I have discussed management/administration/storage of medications with the event leader. |  |
| No |  |

#### Immunisations

Please confirm whether your child has had the governmentally recommended immunisations for their age?

|  |
| --- |
| Yes |
| No |

Please state the date of their most recent Tetanus immunisation:

#### Allergies

Please detail your child’s known allergies:

|  |  |
| --- | --- |
| ⮩ | |
| My child has an EpiPen: |  |
| My child has the following EpiPen: |  |
| I confirm that I have discussed its management/administration/storage with the event leader |  |

#### Dietary Requirements

Please list any dietary requirements, both due to intolerance and personal beliefs:

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#### Pain Relief

In the event that your child has a fever or is injured and we need to give pain relief, are there specific indications about the type of pain relief used and dosage?

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### Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

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We will use this information to help responsible adults to support your child should any difficulties arise.

#### Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

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| --- |
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#### Contagious Diseases

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

|  |
| --- |
| ⮩ |

# Transportation

Please complete full details as to how your child will travel, including name and contact details of person(s) responsible for transportation/drop-off/collection:

|  |  |
| --- | --- |
| To and from the activity or pick-up point: |  |
| If relevant, during the activity or trip: |  |

# Statement of Consent (consent for participation)

I give my express consent to my child, as named above, participating in the activities detailed in this form:

|  |  |
| --- | --- |
| Signature: |  |
| Parent/Carer’s Full Name: |  |
| Date: |  |

|  |
| --- |
| **COMPLIANCE ON DATA PROTECTION REQUIREMENTS (UK GDPR/DPA 2018)**  **Parent/Carer/Young Person Consent Form for Processing of Personal Data** |
| Please indicate whether you have given parental consent in providing personal data in each case by ticking the box below and sign and date the form. This is to comply with UK General Data Protection Regulation/Data Protection Act 2018. **NB: Young people aged 13 and above will need to give their own consent for sharing their personal details**.  ☐ I understand that my/my child’s personal data/special category data given in this form will be processed by the Catholic Syro-Malabar Eparchy of GB for the purpose of attending  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Name of the event) . I give my express consent to this.  ☐ I understand that group/activity photographs and video recordings may be taken during the event, in line with the Eparchial policy. I give my express consent to this.  ☐ I understand that group/activity photographs and video recordings taken during the event may be used in Eparchial website, publications, social media (Facebook, Twitter, WhatsApp etc.,) local newsletter and it could appear in the public domain. I give my express consent to this. Communication with child/young person (below 13 years only) Please tick each method of communication with your child that you consent to. Where you consent to electronic methods of communication, please provide your own account address so that you can be copied into the correspondence.   |  |  |  | | --- | --- | --- | | Telephone |  | *Insert own account address* | | Email |  |  | | Facebook |  |  | | Twitter |  |  | | *Others to be added as required* |  |  |   [You can withdraw or change your consent at any time by contacting the Eparchy by post at **St. Alphonsa of the Immaculate Conception Cathedral Parish St Ignatius Square, Preston, PR1 1TT.**  Please note that all processing of your personal data will cease once you have withdrawn consent, other than where this is required by law - but this will not affect any personal data that has already been processed/published in the public domain prior to this point]  **Name** (person with parental responsibility ⊡ /Child aged 13 and above ⊡ - please tick)  **Your signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (person with parental Responsibility ⊡ / Child aged 13 and above ⊡ - please tick)  **Date:**  **NOTE:** 1. Parental consent for their child to participate in the event.  2. Parental consent required to share their child’s personal data as part of participation – age 13 and below.  **THE CATHOLIC SYRO-MALABAR EPARCHY OF GREAT BRITAIN (Registered Charity Number – 1173537)** complies with its obligations under UK GDPR/DPA 2018 by processing data fairly & lawfully; keeping personal data up to date; by storing and destroying it securely; by not collecting or retaining excessive amounts of data; by protecting personal data from loss, misuse, unauthorised access and disclosure and by ensuring that appropriate technical measures are in place to protect personal data. For more information on how we use your data, and how you can exercise your individual rights, please read our ‘Privacy Notice’ which can be accessed on our website **(**[www.eparchyofgreatbritain.org](http://www.eparchyofgreatbritain.org/)**).** |