

Youth Fellowship Annual Parental Consent Form 2019/20

We, Donacloney Presbyterian Church, are the Data Controller for the purposes of data protection legislation (GDPR).

We require the following information from you to allow us to register you for Youth Fellowship. We are collecting this information to enable the church to run the organisation safely, allow for protection of you interests in respect of dietary and medical requirements, and ensure we can contact you (or other nominated adult) in case of an emergency. Data Protection legislation allows us to process this information as we regard it as being in the church's legitimate interest. If you are unable to supply the information requested, then we will be unable to accept your participation. We encourage parents and children to discuss the importance of personal data protection – a child for data protection purposes in the UK is under 13. Where your child is aged 13 – 15 we encourage both parent/guardian and child to sign, under 13 it must be parent/guardian, aged 16 and over it can be just the child.

Child's full name:	DoB:
Name by which they are usually known:	
Address:	
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:	
CONTACT 1 (must be a parent/guardian) Printed name: Relationship to child: Tel. Mobile.....	CONTACT 2 Printed name: Relationship to child: Tel. Mobile.....
PARENTAL PHOTO CONSENT Do you give permission for photographs/video to be taken of your child and used for church purposes? e.g. PowerPoint display in church service. Yes [] No [] <i>please tick as appropriate</i> Do you give permission for photographs/video to be taken of your child and posted on the Church website or Church Facebook Page? Yes [] No [] <i>please tick as appropriate</i>	
FIRST AID/EMERGENCY TREATMENT CONSENT In the case of an emergency, leaders will do everything possible to contact you using the numbers given. In the event of illness or accident, having parental responsibility for the above-named child, do you give permission for first aid to be administered where considered necessary by a trained first aider, if available or medical treatment to be administered by a suitably qualified medical practitioner. Yes [] No [] <i>please tick as appropriate</i>	
DATA CONSENT Only complete this section if child is aged 12 and under I permit Donacloney Presbyterian Church Youth Fellowship to use the data enclosed on this form regarding my child and for both people listed as emergency contact. Signature of parent/guardian: Date:	
DATA CONSENT Only complete this section if child is aged 13 and over I permit Donacloney Presbyterian Church Youth Fellowship to use my personal data enclosed on this form. Signature of child: Date: I permit Donacloney Presbyterian Church Youth Fellowship to use the data enclosed on this form for both people listed as emergency contact. Signature of parent/guardian: Date:	
CONSENT TO PARTICIPATE I permit my child to attend Donacloney Presbyterian Church Youth Fellowship at its scheduled meeting place and confirm that they are willing to participate as in all its activities. All details provided on this form are as correct to the best of my knowledge. Printed name: Relationship to child: Signature: Date:	

It is essential that you inform the leaders of any important changes to your child's health, medication or needs and of any changes to your address or to any of the phone numbers given above.