

## Brancepeth Alive Universal Consent Form

Any personal information provided by you to Brancepeth Alive through this form will only be used by those supervising activities for the benefit of your child. Any personal information received from you will be retained by us for the duration of the summer activities programme only and not sold, transferred, or otherwise disclosed to any third party, unless such disclosure is required by law or other court order Data Protection & Privacy. Brancepeth Community Association recognises that your privacy is important to you. Brancepeth Community Association is registered with the Information Commissioner under the Data Protection Act & GDPR 2018 and is committed to respecting your privacy. We will apply appropriate protection and management of any personally identifiable information you share with us. The information you submit will be kept confidential in accordance with the Data Protection Act & GDPR 2018. Please answer the questions on this form as fully as possible so that in the event of your child requiring emergency treatment, the medical authorities will be helped in deciding what the most appropriate treatment to give is. [The required information is for your child unless otherwise stated.]

### Please complete in **BLOCK CAPITALS**

(Use additional sheets if necessary)

Young Persons Details			
Forename		Surname	
Gender		Date of birth	
Address			
Post Code		Home Telephone	
Email address for correspondence		Mobile Phone Number for correspondence	
Parent/Guardian Emergency Contact Details. (In an emergency we might need to contact a responsible adult other than parent.)			
Emergency Contact 1 Name:		Emergency Contact 2 Name:	
Relationship to Young Person		Relationship to Young Person	
Mobile Number		Mobile Number	
Landline Number		Landline Number	

Young Persons Medical Details	
Doctor's Name	Doctor's Telephone
Doctor Surgery:	
Are there any long- term conditions for which medication or treatment is being undertaken?	Yes/No If yes please use this space to record the information.
Is your Child currently receiving any medication/treatments? If yes please list anything that professionals would need to know in the event of hospital admission.	Yes/No
<b>Please ensure medication which must be carried at all times (eg. Asthma inhalers, allergy pens) is recorded and the child/young person brings it with them.</b>	
Does your Child have any allergies to medicines or anything used in basic First Aid (eg plasters)? If yes please list.	Yes/No
Does your Child have any food allergies or special dietary requirements e.g. Nut Allergy, Vegetarian, Celiac, Halal? If yes please list.	Yes/No
Does your Child have any other special needs/sensitivities/disabilities of which those leading/supervising sessions should be aware? If yes please list & where appropriate attach copies of care plans or any further guidance.	Yes /No

Please complete both sides & return this form and email to:

[BrancepethAlive@gmail.com](mailto:BrancepethAlive@gmail.com)

## Brancepeth Alive Universal Form

Any Other concerns or information of which we should be aware?	
<b>Photograph Policy</b>	
<p>During Brancepeth Alive events/activities, photographers may take still and moving pictures that may be used during and after the event/activity in Brancepeth Community Association and St. Brandon's Church publicity or publications, or in local newspapers, or on the church or Diocesan websites. Images may also be used on social media sites. Images used outside of the event/activity will not be accompanied by surnames or postal addresses, and first names will only be used with the express permission of individuals/parents/guardians.</p> <p>Anyone attending the event/activity, or giving permission for their child to attend the event/activity, should note that attendance at such events/activities signifies their agreement for photographs of themselves/their child to be used in line with the above policy.</p>	
If there is an explicit reason why photos of your son or daughter cannot be used in the promotion of Brancepeth Alive please tick this box and notify the leaders.	<input type="checkbox"/>

<b>Parent/Carer Consent</b>	
Permissions	
<p>I give permission for the above named young person to attend and take part in Brancepeth Alive activities.</p> <p>I acknowledge the need for obedience and good behaviour on his/her part while attending the sessions and the need for him/her to take special note of any safety instruction given. I also acknowledge that should my son/daughter leave the premises unaccompanied during an activity session that Brancepeth Community Association cannot be held responsible for their safety. I am satisfied that all reasonable care will be taken for the safety of those attending and that adequate adult supervision and other insurance and safety measures have been taken.</p> <p>In the event of any medical accident/injury during the event/activity I understand the supervisors will handle this with further medical advice/assistance sought where appropriate. I acknowledge that it is at the session supervisor's discretion whether I am contacted with regards to minor injuries that do not require professional medical treatment.</p> <p>I understand that in the event of any illness or accident, every effort will be made to contact me, but if this is not possible, I authorise the person in charge or other staff member to sign on my behalf, any written form of consent required by medical authorities.</p>	
<b>Name of Parent/Carer (Please print)</b>	
<b>Signature</b>	
<b>Date</b>	
<b>Relationship to Young Person</b>	

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