

PARENT CONSENT FORM

Should **ANY** of these details change it is **YOUR** responsibility to let the organisation leader know ASAP

Organisation: (BALLYCLARE PRESBYTERIAN CHURCH)	
Child's Name:	Date of birth:
Address:.....	
Phone number(s) where I can be contacted in an emergency:	
Home Telephone No:	Mobile:
Email:	
Second Contact Name:	Relationship to child:
Second Contact Telephone No:	
Doctor's Name / Address:	
Doctor's Telephone No:	
Please give details of any known conditions, allergies etc (asthma, diabetes, epilepsy) and any medication taken:	
.....	
Please give details of any other special needs, requirements or directions that would be helpful for leaders to know:	
.....	

Medical Treatment

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 trained first aider, if available, or medical treatment to be administered by a suitably qualified medical practitioner.

If I cannot be contacted and my child should require emergency hospital treatment, I authorise an adult leader to sign on my behalf any written form of consent require by the hospital. However, I understand that every effort will be made to contact me as soon as possible.

On signing this form we will assume you have given permission for the above unless otherwise informed.

Transporting Children

Occasionally the organisational programme may require travel. On signing this form we will assume you have given permission for your child to be transported by a suitably qualified adult leader on any occasion that is appropriate.

Photographs, Videos and Websites

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 (*tick as appropriate*) YES NO

Do you give permission for photographs/video to be taken of your child and posted on the Church Website or Church Facebook Page/Group? (*tick as appropriate*) YES NO

DATA CONSENT

Please read the follow DECLARATION STATEMENT and only sign if you agree with how personal data will be used.

The data collected on this form is held for the sole purpose of BPC and will not be distributed to any third party organisations. BPC only requires the requested personal information for BPC related business. Records will be kept securely on file by the Church / Office for a period of six years after which point these forms will be destroyed.

All members have the 'right to be forgotten' and can request for a check on what details has been stored about them. However, due to any potential child protection, health and safety or security issues, information may need to be retained for a period of 30 years, if BPC deems this necessary.

I permit my child to take part in the Organisation stated above and confirm that he/ she is willing to participate as fully as possible. All details provided on this form are as accurate and up to date as possible.

Signature: (Parent/Guardian) Date: