

# SO7: Consent Form for an Activity or Event

Please complete and return this form to the organiser of this event.

## PARISH DETAILS

Name of Parish:

## ACTIVITY/EVENT DETAILS

Name of Activity/Event:

Nature of the Activity/Event:  
(Please detail)

Duration/Frequency of the  
Activity/Event:

Start date:

End date:

Start time:

End time:

Name of Organiser/  
Leader of Activity/Event:

## DETAILS OF CHILD/YOUNG PERSON

Name of Child/Young Person:

Name by which he/she  
is usually known by:

Address of Child/Young Person:

Postcode:

Date of Birth: (If under 18)

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## DETAILS OF PARENT/CARER

### Parent/Carer contact details

Name:

Address: (If different from child/young person)

Postcode:

Contact Telephone No:

Relationship to Child/Young Person:

### Additional responsible adult (in case of emergency)

Name:

Address: (If different from child/young person)

Postcode:

Contact Telephone No:

Relationship to Child/Young Person:

## TRANSPORT ARRANGEMENTS

**I AGREE** that the person named on this form has my permission to drive their car with the aforementioned children/young person as a passenger. Seatbelts will be worn at all times.

**I UNDERSTAND** that the driver will have a full and valid driving license and will be fully insured.

**Or;**

**I AGREE** that I/we are responsible for and drop off and pick-up of my/our child/young person.

## MEDICAL INFORMATION (To be completed by parent/carers)

**\*If your child has no medical conditions or additional needs, please enter, "Not Applicable".**

Please provide details of any regular medication or medical conditions (e.g. asthma, epilepsy, diabetes, allergies, disability which may affect normal activity?)

Is your child/young person allergic to any medication? (eg Penicillin)?

When did your child/young person last have a tetanus injection?

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Please outline any fears or phobias that your child/young person has. This information will enable the volunteer leader to assist them should any difficulties arise.

Please outline any special dietary requirements of the child/young person (including allergies e.g. nuts) and the type of pain/flu relief medication the child may be given if necessary:

Name, address and telephone number of the family doctor:

### **\*For residential trips only\***

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

Is there any other relevant information/specific needs that need to be known by the organiser (e.g. Travel sickness/mobility)?

**Please note: The organisers cannot administer any medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to the relevant Policies and Procedures.**

## **CONSENT IN CASE OF MEDICAL EMERGENCY**

**I AGREE** in the event of illness or an accident, for medical treatment to be administered to my child/young person, where considered necessary, by a suitably qualified medical practitioner and/or hospital.

**I UNDERSTAND** that every effort will be made to contact me as soon as possible. In an emergency, I can be contacted at the telephone numbers provided on this form.

## **CONSENT FOR SWIMMING ACTIVITIES ONLY**

I give permission for the child's/young person's participation in the swimming activity

YES  NO

The child/young person can swim 50 metres

YES  NO

The child/young person is water confident in a pool

YES  NO

The child/young person is safety conscious in water

YES  NO

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## PARENT/CARER/CONSENT

- I AGREE** to his/her participation in the activity(ies) described on this form.
- I UNDERSTAND** that group/activity photographs may be taken during the event, in line with the Church's policy. I give my consent to this.
- I ACKNOWLEDGE** the need for him/her to behave responsibly and will ensure he/she is aware of the expectation to behave responsibly and in accordance with the Code of Conduct for children/young people (attached).

Signature:

Date:

Print Full Name:

Data Protection This form will be held on file, in accordance with the Data Protection Act 2018, data protection policy of the Diocese of Down and Connor and the Privacy Notice of the Down & Connor Safeguarding Office, which can be found at <http://www.downandconnorsafeguarding.com/privacy-notices/>

The data entered will be used only for the purpose indicated on the form and will be held confidentially. The data may only be accessed by those with responsibility for managing records or group activities and will not be shared with external organisations unless there is a need and a lawful reason to do so. The data will be updated when appropriate and destroyed when no longer necessary or relevant.