



**Impact Activities Weekend
Parental Consent & Medical Form (for Under 18s)
12th – 14th October 2018**

This form must be completed by a parent / guardian for *each* young person to participate in the weekend. **It should be printed off, completed, signed and photocopied. Youth Leaders coming on the weekend must keep a copy of each completed form and bring them along to the weekend.** The original should be sent to Ali Hirst, NWBA Resource Centre, Fleet Street, Wigan WN5 ODS

Youth Leaders from each church are responsible for looking after the young people in their care during the weekend, and administering any medication, if necessary. If your child has any health, medical or other needs please ensure you note these on the form and that your youth leaders are aware of anything prior to the weekend.

Full Name _____

Home Address _____

Hm Telephone _____ Mobile Number _____

Date of Birth _____ National Health No _____

Emergency Contact 1 (The person to contact in case of emergency during the weekend):

Full Name _____

Relationship to YP _____

Address _____

Hm Telephone _____ Mobile Number _____

Emergency Contact 2 (The person to contact in case of emergency during the weekend):

Full Name _____

Relationship to YP _____

Address _____

Hm Telephone _____ Mobile Number _____

Does s/he have dietary requirements? YES NO (Please tick as applicable)

If YES, please give details (ie vegetarian, gluten free etc)

Has s/he been vaccinated against tetanus? Yes No (please tick as appropriate) Date: _____

Does s/he suffer from any allergies? YES NO (Please tick as applicable)

If YES, please give details (ie is this a life-threatening allergy, are there signs and symptoms youth leaders need to be aware of). Please describe any relevant medical condition / history

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Will s/he be in possession of any medication during the weekend? YES NO (Please tick as applicable)

If YES, please give details (ie Ritalin, anti-convulsion medication, inhalers, paracetamol, anti-histamine etc)

Does s/he have any disability that we should be aware of?

Is there any other information about this young person that would be helpful for us to know?

Do you give permission for your child's photo to be taken during the weekend? YES NO

May we use your child's image for display purposes? YES NO

May we use your child's image for printed promotional publications? YES NO

May we use your child's image on the NWBA website? YES NO

(please tick as applicable)

If you have had to use additional sheets, please sign each additional sheet with your child's name at the top.

Please note that this declaration can only be signed by those with parental responsibility.

- ✓ I give permission for _____ (insert name) to take part in the Impact Activities Weekend, including the activities programme run by NWBA or Venture Out.
- ✓ I consider my son / daughter to be medically fit to participate in the activities
- ✓ I give permission for my son/daughter to be given one paracetamol tablet / medicine, should the youth leaders deem it necessary YES NO (if any other doses are required, we will contact a parent)
- ✓ In an emergency and / or if I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including an anaesthetic YES NO (please tick)

I UNDERTAKE TO INFORM THE LEADER SHOULD ANY OF THE ABOVE INFORMATION CHANGE BY THE DATE OF THE EVENT.

Signed _____ Date _____
(Parent or Adult with parental responsibility)

Data Protection Statement

Under Data Protection legislation the Charity Trustees of the North Western Baptist Association are the Data Controller and can be contacted by ringing 01942 221595 or emailing dataprotection@nwba.org.uk

We are collecting this information to enable the NWBA to run the Impact Activities Weekend safely 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 Association's legitimate interest. If you are unable to supply the information requested then we will be unable to accept your child's reservation on the weekend.

The information you supply will be held in paper form in a folder which will be kept in a securely locked cupboard in the Association office. Information will also be stored electronically on the Association Sharepoint which is password protected and accessed only by the NWBA Team. This information may be shared with the Impact Team, your youth leaders and the activity providers as appropriate for the sole purpose of running this event.

We will destroy data in accordance with NWBA's Data Retention Policy. We will NOT pass on this information to anyone else. If you are concerned about the way your information is being handled please speak to our Data Protection Trustee. If you are still unhappy you have the right to complain to the Information Commissioners Office.