**Catholic Diocese of East Anglia**

*Youth Service*

21 Upgate,

Poringland, Norwich, NR14 7SH

**Email:** igniteteam@rcdea.org.uk

**Tel:** 01508 486236

Parental Consent for an Activity – Glow: Suffolk

By filling out the following you agree to your child participating in ‘Glow: Suffolk’ an event for young people taking place at St. Mary’s Catholic Church, Ipswich on 18th January 2020 from 10am – 5pm. The event is organised by the Ignite Team, which is part of the Diocese of East Anglia Youth Service.

*This form follows the model set out by the Catholic Safeguarding Advisory Service, which is a national body.*

# Child’s Details

|  |  |
| --- | --- |
| Child’s Full Name: |  |
| Date of Birth: |  |

# Nature of Event / Activity

|  |  |
| --- | --- |
| Description: |  |
| Date: |  |
| Time: |  |

# Emergency Contact Details

|  |  |
| --- | --- |
| Full Name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

|  |  |
| --- | --- |
| Full name: |  |
| Relationship to Child/Young Person: |  |
| Daytime Contact Number: |  |
| Evening Contact Number: |  |
| Mobile Number: |  |
| Do you have parental responsibility for the child/young person? | Yes  No |
| If not, name and contact details for person with Parental Responsibility: |  |

#### Child/Young Person’s Doctor

|  |  |
| --- | --- |
| Name of surgery: |  |
| Name of Doctor: |  |
| Surgery Address: |  |
| Surgery telephone number: |  |
| Child’s NHS Number (if known): |  |

# Code of Conduct

|  |  |
| --- | --- |
| I understand that all leaders and helpers will be expected to adhere to the CSAS Code of Conduct. |  |
| I acknowledge the need for my child also to behave responsibly and will ensure that this expectation to behave in accordance with any rules for the day is fully understood by my child. |  |

# Medical Information

#### Medications

Does your child have any condition/s requiring the administration of medications or other treatment?

|  |  |
| --- | --- |
| Yes |  |
| My child requires the following medications and treatment: |  |
| I confirm that I have discussed management/administration/storage of medications with an event leader. |  |
| No |  |

#### Immunisations

Please confirm whether your child has had the governmentally recommended immunisations for their age?

|  |
| --- |
| Yes |
| No |

Please state the date of their most recent Tetanus immunisation:

#### Allergies

Please detail your child’s known allergies:

|  |  |
| --- | --- |
| ⮩ | |
| My child has an EpiPen: |  |
| My child has the following EpiPen: |  |
| I confirm that I have discussed its management/administration/storage with the event leader |  |

#### Dietary Requirements

Please list any dietary requirements, both due to intolerance and personal beliefs:

|  |
| --- |
| ⮩ |

#### Pain Relief

In the event that your child has a fever or is injured and we need to give pain relief, are there specific indications about the type of pain relief used and dosage?

|  |
| --- |
| ⮩ |

### Additional Emotional Needs

Does your child have any additional emotional needs, other than the usual needs of a child their age? For example, have they suffered trauma, have any fears or phobias, or any medical conditions that affect their behaviour?

|  |
| --- |
| ⮩ |

We will use this information to help responsible adults to support your child should any difficulties arise.

#### Additional Physical Requirements

Is there any other relevant information/specific requirement/s that needs to be known? (e.g. travel sickness/mobility requirements)

|  |
| --- |
| ⮩ |

#### Contagious Diseases

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

|  |
| --- |
| ⮩ |

# Transportation

Please complete full details as to how your child will travel, including name and contact details of person(s) responsible for transportation/drop-off/collection:

|  |  |
| --- | --- |
| To and from the activity or pick-up point: |  |
| If relevant, during the activity or trip: |  |

# Communication with child/young person (over 13 years only)

Please write your child’s email address in the left-hand column and your email address in the right-hand column. This allows us to contact your child in relation the event and also to copy you in to those communications.

|  |  |  |
| --- | --- | --- |
| Email |  |  |

# Statement of Consent

I give my express consent to my child, as named above, participating in the activities detailed in this form:

|  |  |
| --- | --- |
| Signature: |  |
| Parent/Carer’s Full Name: |  |
| Date: |  |

Consent to the Safe Use of Images (Photography and Filming)

# Data Protection

In accordance with the General Data Protection Regulation 2016 and Data Protection Act 2018, all personal data, including images (photographs and films for example), must be processed fairly and lawfully. To comply with this, we are bound to issue a privacy notice and inform you when:

* Photographs and films will be taken
* Why they will be taken
* What will be done with them
* Who may see them
* Any non-obvious consequences; for example, if the image from photographs and films is going to be used on a website, in a newsletter, or on televised programme.

We will state how long we plan to keep and use the image(s) and will contact you to seek consent if we wish to use the image(s) for another reason than that expressly stated herein.

# Privacy Notice

To be completed by the Parish/Religious Congregation/Organisation

|  |  |  |  |
| --- | --- | --- | --- |
| Name of parish/congregation/organisation that plans to record images: | Diocese of East Anglia (including parishes which may be represented at the event) | | |
| Context for recording images: | Glow: Suffolk event | | |
| The purpose for recording images is: | Visual record of the event and future promotional material | | |
| Credit to be linked to images (if any): | Diocese of East Anglia (including parishes which may be represented at the event) | | |
| The planned use of these images is: | Visual record of the event and future promotional material | | |
| Use may include: |  | Use on web pages: | www.rcdea.org.uk |
|  | Use in the publication: | Catholic East Anglia |
|  | Used to promote: | Diocese of East Anglia |
|  | Used commercially to: |  |
|  | Other (must be specified): | Social Media of Diocese/its parishes |
| We intend to keep these images  for a period of: | 3 years | | |
| This means that the images will not be used after this date\*: | 3 years *\* Unless the terms of use are re-negotiated with the subject(s) in the image(s)* | | |
| Should you have any questions or concerns, please contact: | Ignite Team Leader: [igniteteam@rcdea.org.uk](mailto:igniteteam@rcdea.org.uk), 01508 486236 | | |

We will take care to record images that respect the dignity and wellbeing of each individual, and will be stored securely. Should you have any concerns about the manner in which we handle your information and are not able to resolve these satisfactorily with us, please contact the [Information Commissioner](https://ico.org.uk/for-the-public/) for advice and to [report a concern](https://ico.org.uk/concerns/handling/).

We recognise that there are some reasons why, for their own safety and/or wellbeing, some individuals will not want their images recorded or kept and we will always respect this.

To be completed by the subject of the photo (this includes children where it is deemed that they understand what they are agreeing to. Parents/carers must also give consent if the child/young person is under the age of 16 years).

|  |  |  |
| --- | --- | --- |
|  | I give my express consent to being photographed and/or filmed in the course of the activities detailed above. | |
|  | I understand the ways in which these photographs, films and resulting images may be used, the period of time, and manner in which they will be stored. | |
|  | I know that it is my right to withdraw my consent at any time, without explanation. | |
| Signature: | |  |
| Full Name: | |  |
| Date: | |  |

# Statement of Consent of parents/carers for children and young people aged under 16 years, or person who has the legal authority e.g. lasting power of attorney for health and welfare, to make the decision on the person’s behalf for young people aged 16-18 and adults who lack capacity to consent.

To be completed by the Parent / Carer

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name of subject of photograph: | | |  |
| Date of Birth: | | |  |
| Full name of person giving consent: | | |  |
| Relationship to subject of the photograph: | | |  |
| Work / Daytime Contact Number: | | |  |
| Home / Evening Contact Number: | | |  |
| Mobile Number: | | |  |
| Do you want the child ‘s or adult’s full name credited to their image? | | | Yes  No *NB: this may make them easier to be  identified and contacted for nefarious purposes by third parties* |
| Do you have ‘parental responsibility’ or legal authority to provide consent? | | | Yes  No |
|  | I have discussed the contents of this form with my child and we are in agreement. | | |
|  | I give my express consent to the person named above, being photographed and/or filmed as detailed in this form. | | |
|  | I understand the ways in which these photographs, films and resulting images may be used and the period of time and manner in which they will be kept. | | |
|  | I know that it is my right to withdraw my consent at any time, without explanation. | | |
| Signature: | |  | |
| Full Name: | |  | |
| Date: | |  | |