



Active Scilly Activities

Junior consent form - confidential

Personal details

Child's name:	Date of birth:	Age:
Home Address :	Emergency contacts:	
	Primary	
	Name:	
Home phone:	Phone number:	
	Secondary	
Parent's email address:	Name:	
	Phone number:	

Medical conditions/issues:

Are there any medical conditions or recurring complaint which any Active Scilly staff should be aware of e.g. asthma, eczema, hay fever, epilepsy, diabetes, allergies including anaphylaxis, additional needs etc.?

Yes () No ()

If "Yes" to the above please state which medical conditions:

Does your child have 1:1 support during the school day? (This may need to be considered when children are accessing Active Scilly Activities or swimming lessons)

Yes () No ()

Medical consent

You must give consent if you wish qualified staff to administer first aid or prescribed medication. In circumstances where unexpected attention is required you will be informed as soon as possible.

I agree to qualified staff giving or seeking medical treatment or advice

Yes () No ()

Photo consent

I agree to my child(ren)'s image being taken when they are involved in Active Scilly activities; I agree to those images being used responsibly for marketing, publicity and funding purposes.

Yes () No ()



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Privacy notice:

This form has been developed for use across all Active Scilly services. Information you provide on this form is private and confidential, and will be used solely to help us to keep your child safe while attending our facilities or using our services, and to ensure you are charged appropriately. Forms will be held securely at our premises and/or on our electronic network for a period of up to 12 months after completion. Information will not be transferred outside of the EEA or used for marketing purposes. We will not share information with any other organization unless required to do so by law.

It is your responsibility to inform Active Scilly staff of any changes to your contact details, or your child's medical or other details that may result in this form needing to be updated.

Under GDPR and the DPA 2018 you have the right to:

- access information that we hold about you/your child or have it rectified if it's inaccurate or incomplete.
- withdraw your consent for us to hold your information and have the information erased where we don't have a legal requirement to retain. A full Active Scilly privacy notice (including details of CCTV image retention) is available, please ask a member of staff if you would like to read it or be given a copy.

I understand the above privacy notice, and agree to my details/those of my child(ren) being held for the purposes stated above.

Risk assessments:

Risk assessments have been developed for all facilities and all activities, if you would like to view these please ask a member of staff. All lifeguards, swim teachers, and staff who work with your children have the required safety checks in place, have suitable training and are first aid trained.

I undertake to inform a member of staff of any changes in the information provided on this form.

I understand that in the event of illness or an emergency situation the "emergency contacts" will be contacted in the order that they appear overleaf.

I acknowledge the need for obedience and responsible behavior by my children when involved in all Active Scilly activities.

I hereby agree that in the event of my child being returned early from the activity due to poor behavior any costs incurred will be paid in full by myself.

Signature of parent/guardian/carer:

Print name :

Date: