

Dundonald Baptist Church

Parental General Consent Form



Return this form with the young person. Contact details and organisation times are available on request.

The leaders need to know these details in order to best meet the needs of your child.

I give permission for my child to attend and take part in the activities, both on and off premises, of the organisations provided by Dundonald Baptist Church.

It is my responsibility to make suitable arrangements to drop off and collect my child at the appropriate times.

I give permission for my child to travel in a private car, or minibus, driven by leaders or parents (who have completed our training as leaders/helpers); or are employed by the transporting company should this be required.

I will inform the leaders of any important changes to my child's health, medication or needs and of any change of our address or any phone numbers given on this form

In the event of illness or accident, having parental responsibility for the named child, I give permission for necessary first aid to be administered by a person suitably trained to give first aid, if available, OR medical treatment to be administered by a suitable qualified medical practitioner.

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

During the time your child will be with us, photographs may be taken for general church purposes and for this we need your permission. Care will be taken not to identify any children.

Your privacy is important to us and our Privacy Policy sets out how we collect, handle, and keep secure your and your children's personal information and your rights regarding this.

We collect this information solely for the organisation, risk management and safety of our church activities. Your data will be stored securely by Dundonald Baptist Church and will only be accessed by appropriate persons for the purposes set out above.

We may disclose information about you to any of our employees, office-bearers, members or volunteers insofar as is reasonably necessary for the safe and effective running of the organisation. We will not provide your information to third parties unless required to do so by law. Your personal data will be kept securely and treated carefully.

Under Data Protection legislation, you have the right to request access to information about you that we hold. To make a request for your personal information please contact contact@dundonaldbaptstchurch.org

You also have the right to:

- object to processing of personal data that is likely to cause, or is causing, damage or distress;
- prevent processing for the purpose of direct marketing;
- object to decisions being taken by automated means;
- in certain circumstances, have inaccurate personal data rectified, blocked, erased or destroyed; and
- claim compensation for damages caused by a breach of the Data Protection regulations.

For further information on how your information is used, how we maintain the security of your information and your rights to access information we hold on you please visit our website www.dundonaldbaptistchurch.org or contact contact@dundonaldbaptstchurch.org

You have the right to complain to the ICO if you are unhappy about how we handle your data. <https://ico.org.uk/concerns/>

For up to date information on Pathfinders please follow our Facebook page.

See over:>

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Child's full name: _____

Address of child: _____

_____ Post Code: _____

Date of Birth: _____ Age: _____ School Year / Class Attended: _____

Phone numbers where you can be contacted in case of emergency:

Name: _____ Relationship to child: _____

Home: _____ Work: _____ Mobile: _____

If unavailable second contact:

Name: _____ Relationship to child: _____

Home: _____ Work: _____ Mobile: _____

Health

Details of known conditions, allergies, etc (Asthma, Diabetes, and Epilepsy) any medication being taken: (NOTE: if your child requires medication to be administered, please inform the leader in charge)

Any special needs, requirements or directions which would be helpful for leaders to know about:

Failure to provide us with accurate personal information and the necessary consent may affect our ability to run the activities

- I give consent to be kept informed about future Dundonald Baptist Church events.
- I give consent for my child's data to be stored securely for medical, safeguarding and emergency purposes.
- I give consent for photographs to be taken on occasion and used for general church purposes.

I confirm that the details given above are correct to the best of my knowledge and affirm that I accept the declaration overleaf and have legal parental / guardianship responsibility to be able to sign this form.

Signed: _____ (Legal Parent/Guardian)

Name (Print): _____ Relationship to child: _____

Date: _____ Email: _____