

**WRITTEN PARENTAL PERMISSION IS NEEDED
BEFORE A YOUNG PERSON CAN TAKE PART IN THIS ACTIVITY**

Group and Unit Details

Name of Unit:	
Unit Section:	

Activity Information

Date of Activity:			
Activity Name:			
Activity Type:	<input type="checkbox"/> Local Hike <input type="checkbox"/> Hill Walking Hike <input type="checkbox"/> Swimming Pool or Gala Event <input type="checkbox"/> Other (Please Specify):	<input type="checkbox"/> District/County Day Event <input type="checkbox"/> Sports Field Event <input type="checkbox"/> Entertainments Venue Event	

Administrative Details

Start Time:			
End Time:			
Location:			
Is Transport Provided:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Cost:			
Leader In Charge:			
Contact Number:			

Emergency Contact Details

Please provide us with your details so we can make contact in an emergency.	
Name:	
Relation to Child:	
Telephone No:	
Mobile Number:	

EXPLICIT PARENTAL CONSENT IS REQUIRED FOR THIS ACTIVITY

I, being the parent/guardian of the person named below, declare that he/she is able to take part in the activity above.

Member Details

Name of Child:			
Is he/she able to swim 50 metres and stay afloat for five minutes in light clothing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Known Allergies and Medical Conditions Related to this Activity (e.g. Asthma or Epilepsy)			
Please give details of any emergency or regular medication			

DETAILS ABOUT MEDICAL NOTES

The medical profession takes to the view that the parent/carer's consent to medical treatment cannot be delegated. This view is explicit in The Children's Act 1989. Thus medical consent forms have no legal status and a doctor or nurse insisting on the consent of a parent/carer to a particular treatment has the right to do so. For this reason we do not recommend that Leaders insist on parents/carers signing to the statement below. However, it can be a comfort to medical staff to have general consent in advance from parents/carers or to have a Leader on hand to be able to sign forms required by medical authorities.

ANY WATER BASED ACTIVITIES:

It is policy that if this activity is water based and run on a site, we need a separate permission form in order to provide the site running the event details of your consent for the aforementioned child to take part in this water based activity for insurance, safety reasons and notice to any lifesaver that will be attending the site during the activity in the unlikely case that any emergencies occur.

FINAL CONSENT AND GENERAL DATA PROTECTION REGULATIONS

I have noted the arrangements above and agree to the named young person taking part. I understand that the event Leader reserves the right to send any participants home if deemed necessary.

If it becomes necessary for the above named young person to receive medical treatment and I cannot be contacted to authorise this, I hereby give my general consent to any necessary medical treatment and authorise the Leader in charge to sign any document required by the hospital authorities

By signing below, you will be providing consent in the case that we need to pass information provided on this form to a third-party processor for the purposes of the named activity, we will not pass any information to other third parties without prior written consent.

I give explicit consent to allow the storage of my child's information on the groups nominated third party run membership database. ☐ Yes ☐ No
This is purely for electronic data storage and your information will not be passed onto other third parties without consent.

Signed:	
Date:	