



Locks Heath Free Church Annual Consent Form Sept 2018 - July 2019

Locks Heath Free Church (LHFC) obtains and stores this personal data in line with Data Protection legislation as it is in the legitimate interests of LHFC to enable us to care for your child safely and appropriately and to keep you up to date with news about group activities. The information given on this form will be stored and made available to the relevant group and activity leaders as necessary. Consent can be withdrawn at any time and if withdrawn the processing will stop unless there is a statutory requirement to retain the consent. Once consent is withdrawn your child will no longer be able to attend LHFC children's activities.

Name of Child: _____

Home address: _____

Telephone: _____ Mobile: _____

Email: _____

Date of Birth: _____ School Year: _____ School: _____

Parent / Carer's Name(s): _____

Alternative Emergency Contact Details:

Please give details of an alternative person to contact in the event of an emergency if the person above cannot be contacted

Name: _____ Telephone: _____

Medical Details:

Doctor's name or Surgery: _____ Telephone: _____

Specific Requirements, Medical Conditions or Special Needs of the Child:

In order to help us make sure your daughter has the best experience of Discovery, please give us details of any special needs, specific requirements (e.g. diet, learning difficulties), medical conditions or allergies that she has. Continue overleaf if needed. Thank you.

Parental Consent:

I consent for my daughter to take part in Discovery and I understand the nature of the activities **YES / NO**

In an emergency, if I cannot be contacted despite reasonable attempts, I consent for my daughter to undergo emergency medical/dental treatment including the use of anaesthetics as considered necessary by the medical authorities **YES / NO**

I consent to photographs and videos being taken during group activities of my child to be used in LHFC church publications, on the LHFC website, LHFC social media, LHFC publicity **YES/NO**

Occasionally we would like to inform you of events offered by third parties. Please keep me informed of events offered by third parties. We will not pass on your personal data to a third party without your consent **YES / NO**

By signing this form you are confirming that you consent to Locks Heath Free Church holding and processing the personal data in this form for the purposes outlined in this form.

Signature of Parent/Guardian _____ **Date:** _____