**Activity and Photo Consent Form**

All information will be treated in strict confidence

|  |  |  |
| --- | --- | --- |
| **Event:** | | **Date:** |
| **Name of child:** | | **Date of birth:** |
| **Home Address:** | | |
| **Home Telephone Number:** | **Mobile Telephone Number:** | |
| **Medical conditions** -please list any medical conditions the child has (for example asthma, diabetes, allergies etc.) | | |

* I confirm that my son/daughter is in good health and I give consent for my son/daughter to participate in the above event/activity
* I consent to any emergency treatment required by my son/daughter during the course of the event/activity
* I give consent for my son/daughter to be photographed during the course of the above event/activity and I consent to the photographs being used by …………….. for genuine promotional purposes. This also includes the use on the World Wide Web (internet).
* The information you provide will be used in accordance with the Data Protection Act 1998, to ensure the safety of all participants and may be shared with other people/organisations involved in the delivery of the above event/activity, if appropriate. By signing this form you are consenting to ………………. using the information, which you have supplied in the manner stated above.

Name of Parent/Guardian

Signature

Date

**Photo Consent Form**

All information will be treated in strict confidence

|  |  |  |
| --- | --- | --- |
| **Event:** | | **Date:** |
| **Name of child:** | | **Date of birth:** |
| **Home Address:** | | |
| **Home Telephone Number:** | **Mobile Telephone Number:** | |

* I give consent for my son/daughter to be photographed during the course of the above event and I consent to the photographs being used by …………….. for genuine promotional purposes. This also includes the use on the World Wide Web (internet).
* The information you provide will be used in accordance with the Data Protection Act 1998, to ensure the safety of all participants and may be shared with other people/organisations involved in the delivery of the above event/activity, if appropriate. By signing this form you are consenting to ………………. using the information, which you have supplied in the manner stated above.

Name of Parent/Guardian

Signature

Date

**Permission for Group/Event Image Recording**

|  |  |
| --- | --- |
| **Venue/area:** | **Ref No:** |
| **Description of equipment:** | |
| **Surname:** | **Forenames:** |
| **Address:** | |
| **Tel No:** | **Mobile Tel No:** |
| **Fax No:** | **E-mail address:** |
| **Name(s) of the subject(s)**  **1**  **2**  **3**  **4** | **5**  **6**  **7**  **8** |
| **Relationship of the photographer and subject(s)** | |
| **Reason for taking photographs and/or intended use of the images (i.e. family record/promotional materials etc.)** | |

I declare that the information provided is true and correct and that images will only be used for the purposes stated.

Signed.....................................................................................

Date ..............................................

Authorised by:..........................................................................

Date:...............................................

Position held:..........................................................................

Under the Data Protection Act 1998 the information that you have provided will be used only for the purposes of monitoring camera and image recorder use and will be destroyed at the end of a year.