

**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM**

**INFORMATION FORM**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Athlete Personal Details:** | | | | | | | | | | | | |
| **Title:** | Choose an item. | | **Surname:** | | | | Click or tap here to enter text. | | | | | |
| **Forename(s):** | Click or tap here to enter text. | | | | | | | | | | | |
| **Address:** | Click or tap here to enter text. | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | |
| **Town:** | Click or tap here to enter text. | | | | | | **Post Code:** | | | Click or tap here to enter text. | | |
| **Email Address:** | Click or tap here to enter text. | | | | | | | | | | | |
| **Day Tel:** | Click or tap here to enter text. | | | **Eve Tel:** | | | | | Click or tap here to enter text. | | | |
| **Mobile:** | Click or tap here to enter text. | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| **Parental/Carer** | | | | | | | | | | | | |
| **Title:** | Click or tap here to enter text. | **Surname:** | | | Click or tap here to enter text. | | | | | | | |
| **Forename(s):** | Click or tap here to enter text. | | | | | | | | | | | |
| **Relationship** | Click or tap here to enter text. | | | | | | | | | | | |
| **Address:** | Click or tap here to enter text. | | | | | | | | | | | |
| Wirksworth | | | | | | | | | | | | |
| **Town:** | Click or tap here to enter text. | | | | | | | **Post Code:** | | | | Click or tap here to enter text. |
| **Email Address:** | Click or tap here to enter text. | | | | | | | | | | | |
| **Day Tel:** | Click or tap here to enter text. | | | | | **Eve Tel:** | | | | | Click or tap here to enter text. | |
| **Mobile:** | Click or tap here to enter text. | | | | | | | | | | | |



**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM**

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| --- | --- | --- | --- |
| **Doctors** | | | |
| **Name** | Click or tap here to enter text. | | |
| **Practice** | Click or tap here to enter text. | | |
| **Address:** | Click or tap here to enter text. | | |
| Derbyshire | | | |
| **Town:** | Click or tap here to enter text. | **Post Code:** | Click or tap here to enter text. |
| **Tel:** | Click or tap here to enter text. | | |

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| **Any Medical conditions, treatment, allergies or relevant information? E.g. must carry an inhaler at all time, take tablets for ……** |
| Click or tap here to enter text. |
|  |
| **Any special dietary requirements** |
| Click or tap here to enter text. |



**PARENTAL/CARER CONSENT AND MEDICAL INFORMATION FORM**

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| **ACTIVITY PARENT/CARER CONSENT (if under 18)** | | | |
| I consent to my son/daughter attending the Activity/Event/Tour with Leicestershire Orienteering Club.  I have received information about the programme and fully understand the nature of the Activity/Event/Tour and agree to my son/daughter’s participation in the activities described. I understand that the activities may change due to weather and other safety considerations. The information I have provided in this form is accurate at this time and I agree to inform the leader of the Activity/Event/Tour as soon as possible of any changes between now and the start of the Activity/Event/Tour.  I understand that if my son/daughter seriously misbehaves or is a cause of danger to him/herself or to others, then I may be asked to collect him/her, or he/she may be brought home early from the Activity/Event/Tour. In such a situation there will be no obligation on the Club to refund any money.  I agree to be at the drop-off/pick-up point at the agreed time. | | | |
| **NAME OF PARENT/CARER:** | Click or tap here to enter text. | | |
| **RELATIONSHIP TO YOUNG PERSON:** | Click or tap here to enter text. | | |
| **SIGNATURE:** | Click or tap here to enter text. | **DATE:** | Click or tap here to enter text. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MEDICAL PARENT/CARER CONSENT (under 18 or under 16 in Scotland)** | |  | | |  |
| I agree to my son/daughter receiving medication as instructed above; and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. | | | | | |
| **NAME OF PARENT/CARER:** | Click or tap here to enter text. | | | | |
| **RELATIONSHIP TO YOUNG PERSON:** | Click or tap here to enter text. | | | | |
| **SIGNATURE:** | Click or tap here to enter text. | | **DATE:** | Click or tap here to enter text. | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Participant Declaration** | | | |
| I acknowledge receipt of, and understand all of, the published information regarding the proposed activities / visits outlined in the Activity/Event/Tour details. I understand that for the groups and my own safety, l will undertake to obey the rules and instructions of members of staff.  I understand that the activities may change due to weather and other safety considerations. The information I have provided in this form is accurate at this time and I agree to inform the Team Leader as soon as possible of any changes between now and the start of the Activity/Event/Tour.  I agree to receiving medication as instructed above; and to them receiving any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.  I understand that if I misbehave or is a cause of danger to myself or to others, then I may be asked to leave the Activity/Event/Tour early. In such a situation there will be no obligation on the Club to refund any money. | | | |
| **PARTICIPANT’S NAME:** | Click or tap here to enter text. | | |
| **SIGNATURE:** | Click or tap here to enter text. | **DATE:** | Click or tap here to enter text. |

**General Data Protection Regulations 2018**

***Privacy Statement***

*[Insert Club] takes your privacy seriously and will only use your personal information to administer your safety for the Event/Activity/Tour. This privacy statement explains what personal data we collect from you and how we use it. We encourage you to read the summaries below and if you would like more information on a particular topic please contact our Data Protection Officer by writing to [Insert Club Date Protection Officer details].*

***Personal Data We Collect***

*We collect the following personal data relating to your membership of British Orienteering*

* *Name*
* *Address*
* *Contact details*
* *NOK details*
* *Doctors*
* *Medical conditions.*

***How We Use Personal Data***

* *Your personal data will be used to carry out our obligations as the club affiliated to the National Governing Body for Orienteering in Great Britain for when you are representing the club in activities/events/tours.*

***How Long We Will Hold Personal Data***

*Athlete’s data will be held for a period of 6 months after the session it was completed for where upon it will be confidentially destroyed.*

***Reasons We Share Personal Data***

The Club may share your personal data with others such as approved third parties, for example expert specialist advice from third parties such as medical experts and Police in case of an accident. All data is shared under strict contract terms concerning confidentiality. 

*We will also share personal data with law enforcement and government bodies where we are legally required to do so, including for:*

* *The prevention or detection of crime and/or fraud*
* *The apprehension or prosecution of offenders in connection with legal proceedings*
* *Where the disclosure is required to satisfy our legal obligations*

***How We Protect Your Personal Data***

*We use encrypted storage and transfer for all electronic data and have password access controls in place. If paper copies are utilised, we ensure that all information is held in secure locked cabinets with controlled access by named individuals.*

***How to Access & Control Your Personal Data***

*Individuals have a right to make a ‘subject access request’ to gain access to personal information that the company holds about them. This includes:*

* *Confirmation that their personal data is being processed*
* *Access to a copy of the data*
* *The purposes of the data processing*
* *The categories of personal data concerned*
* *Who the data has been, or will be, shared with*
* *How long the data will be stored for, or if this isn’t possible, the criteria used to determine this period*
* *The source of the data, if not the individual*
* *Whether any automated decision-making is being applied to their data, and what the significance and consequences of this might be for the individual*

*Subject access requests must be submitted in writing, either by letter or email to the DPO.*

*They should include:*

* *Name of individual*
* *Correspondence address*
* *Contact number and email address*
* *Details of the information requested*

*When responding to requests, we:*

* *May contact the individual via phone to confirm the request was made*
* *Will respond without delay and within 1 month of receipt of the request*
* *Will provide the information free of charge*
* *May tell the individual we will comply within 3 months of receipt of the request, where a request is complex or numerous. We will inform the individual of this within 1 month, and explain why the extension is necessary*
* *If the request is unfounded or excessive, we may refuse to act on it, or charge a reasonable fee which takes into account administrative costs. A request will be deemed to be unfounded or excessive if it is repetitive or asks for further copies of the same information. When we refuse a request, we will tell the individual why, and tell them they have the right to complain to the ICO.*

*Other data protection rights of the individual: In addition to the right to make a subject access request (see above), and to receive information when we are collecting their data about how we use and process it, individuals also have the right to:*

* *Withdraw their consent to processing at any time*
* *Ask us to rectify, erase or restrict processing of their personal data, or object to the processing of it (in certain circumstances)*
* *Prevent use of their personal data for direct marketing*
* *Challenge processing which has been justified on the basis of public interest*
* *Request a copy of agreements under which their personal data is transferred outside of the European Economic Area*
* *Object to decisions based solely on automated decision making or profiling (decisions taken with no human involvement, that might negatively affect them)*
* *Prevent processing that is likely to cause damage or distress*
* *Be notified of a data breach in certain circumstances*
* *Make a complaint to the ICO*
* *Ask for their personal data to be transferred to a third party in a structured, commonly used and machine-readable format (in certain circumstances)*

*NOTE: Individuals should submit any request to exercise these rights to the DPO. If staff receive such a request, they must immediately forward it to the DPO.*

**Consent**

I have read and consent to my personal data, as detail above, being held and utilised by [Insert Club] for the purposes stated.

Athlete - Signed: Click or tap here to enter text. Date: Click or tap here to enter text.

Parent – Signed: Click or tap here to enter text. Date: Click or tap here to enter text.

Please send a copy of your signed GDPR Form to Click or tap here to enter text.