



Parental Consent Form – On Island Visit/Activities

**1. Participants details:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

Tel No: (d): \_\_\_\_\_ Mobile: \_\_\_\_\_

**Name, address & Contact No of next of Kin:**

Full Name: \_\_\_\_\_

Address (if different from above): \_\_\_\_\_

\_\_\_\_\_

Tel No: (d): \_\_\_\_\_ (e): \_\_\_\_\_ Mobile: \_\_\_\_\_

**Alternative Emergency Contact:**

Full Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Relationship to participant: \_\_\_\_\_

**2. Details of Activity:**

Activity:

Dates: From:

I agree to (Participants Name): \_\_\_\_\_ take part in this residential/activity and I have read the information and acknowledge the need to behave responsibly at all times. I understand that if my behaviour is unacceptable, I will be unable to continue with the residential/activity and my parents/guardians will be contacted immediately and returned home at my own expenses. On my return to....., action may be taken in accordance with the Jersey Youth Service Behaviour Guidelines.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**3. Medical information about participants:**

Name of Family Doctor: Dr. \_\_\_\_\_ Tel No: \_\_\_\_\_

Address: \_\_\_\_\_

3.1 Has your child got any condition requiring medical treatment, including medication? **Yes/No\***  
If YES, please give details:

\_\_\_\_\_

3.2 Has your son/daughter within the last four weeks been in contact with any contagious or infectious diseases?  
**Yes/No\*** If YES, please give details:

\_\_\_\_\_

3.3 When did your son/daughter last have a tetanus injection? Month: \_\_\_\_\_ Year: \_\_\_\_\_

3.4 Is your son/daughter allergic to any medication? **Yes/No\*** If YES please give details:

\_\_\_\_\_

3.5 Should your child require any pain/flu relief medication while of the trip/visit, please state what they **MAY** be given.

\_\_\_\_\_

3.6 Please outline any special dietary requirements of your child?

**Should any of the above information change I will inform the Jersey Youth Service and the Youth Worker between now and the commencement of the residential. \* Delete where applicable**

**4 Declaration**

I parent of (young person's name) \_\_\_\_\_ agree to my **son/daughter\***;

- Receiving medication and any emergency dental, medical or surgical treatment including anaesthetic or blood transfusion, as deemed necessary by a qualified medical practitioner, at a time when my consent to the particular treatment cannot be reasonable obtained
- Being transported in a Mini Bus
- I as **parent/guardian\*** know that it is my responsibility to update the St. Mary's Youth Club or the Youth Service should there be any changes to any of the questions / information on this form
- Youth Work involves a wide range of activities and in many different locations. We aim to ensure that young people enjoy participating in youth club activities and learn from them. As part of our work, photographs and video clips are sometimes taken and used in local publicity materials, displays, leaflets, annual reports etc. For us to use this kind of material we need the permission from you as a parent / guardian to permit us to use any photographic, video or web cam material. By signing this form I give permission to this. However, should you require us to seek your individual consent to these disclosures, please advise us in writing.

I declare that all the information on this form is true.

**Parent/Guardian\* Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Full Name in CAPITALS:** \_\_\_\_\_

**The group worker for this activity is \_\_\_\_\_ all contact with reference this form must be made to the named person**

As a 'controller' under the Data Protection (Jersey) Law 2018 we process and hold your information in order to provide public services and meet our statutory obligations. We may not be able to provide you with a service unless we have enough information, or your permission to use that information. Below, we explain what we collect; how we will use your information; and what your rights are:		
<b>Data we collect:</b> We have collected your personal details (name; address, contact details; and DOB) and we do this in order to carry out the service you have requested; to monitor and improve our performance; to ensure that we meet our legal obligations; to prevent and detect crime; to process financial transactions including grants or payment of benefits; to allow the statistical analysis of data so we can plan the provision of services; and where necessary, for our law enforcement functions; or to protect individuals from harm or injury.	<b>How we use data:</b> We will endeavour to keep your information accurate and up to date and not keep it for longer than is necessary. Please, see our published retention schedules for more detail about how long we retain your information. We will not pass any personal data on to anyone outside of the States of Jersey, other than those who either process information on our behalf, or because of a legal requirement, and we will only do so, where possible, after we have ensured that sufficient steps have been taken by the recipient to protect your personal data. We do not process your information overseas using web services that are hosted outside the European Economic Area. At no time will your information be passed to organisations for marketing or sales purposes or for any commercial use without your prior express consent.	<b>Your Rights:</b> You can ask us: to stop processing your information; to correct or amend your information; for a copy of the information we hold about you. You can also: request that the processing of your personal data is restricted; and withdraw your consent to the processing of your information.  You can complain to us about the way your information is being used by contacting us at <a href="mailto:dataprotection2018@gov.je">dataprotection2018@gov.je</a> alternatively you can complain to the Information Commissioner by emailing <a href="mailto:enquiries@dataci.org">enquiries@dataci.org</a> .

**A COPY OF THIS FROM WILL BE TAKEN BY THE YOUTH WORKER ON THE VISIT IF THE VISIT IS OFF ISLAND OR RESIDENTIAL OUTSIDE THE PROJECT. A COPY WILL BE RETAINED BY THE JERSEY YOUTH SERVICE**  
**Contact.....**