



Super Hero Holiday Bible Club Registration and Consent Form

Thursday 5th April 2018

(Reception to Year 6)

In order to comply with the GDPR (General Data Protection Regulation of the EU) 2016 and the UK Data Protection Act 2017, we need to inform parents of the following:

- (1) the legal basis on which we hold the data is (i) that the vital interests of the data subject are protected, and (ii) that you have given your consent
- (2) what we will do with the information, viz
 - Ensure that children's activity leaders have the information they need to keep children safe in accordance with the church's Child Protection Policy. This information will be available to them during all events and activities.
 - Allow us to communicate further as necessary
- (3) we will keep the information for as long as the child continues to take part in activities of the church, until reaching the age of 16
- (4) you can ask for data on your child to be amended or deleted
- (5) you have the right to complain to the relevant supervisory authority (the ICO)

CONTACT DETAILS & INFORMATION			
Name of child		Age	
School		School Year (Please circle)	Reception Year 1 2 3 4 5 6
Address		Home phone	
		Emergency Mobile phone (parent/guardian)	
		Other emergency contact number	
E-mail contact			
Name of person collecting after Holiday Club:			

PTO

MEDICAL INFORMATION		
Please provide details of any: <ul style="list-style-type: none"> • Medical condition or disability • Allergies • Dietary needs • Special needs 		
GPs Name:	Contact Number	
Where did you hear about this event?	Friend <input type="checkbox"/> Church <input type="checkbox"/> Website <input type="checkbox"/> Social media <input type="checkbox"/> Publicity handed out at school <input type="checkbox"/> (School:) Other:	
PHOTOGRAPH CONSENT		
Do you consent to photos being taken of your child for local display or publicity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent to un-named photos being used on the church website?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the unlikely event of illness or accident, I give permission for any necessary medical treatment to be given by the First Aider. In an emergency, and if I cannot be contacted I am willing for my son/daughter to receive hospital treatment, including anaesthetic. I understand every effort will be made to contact me as soon as possible.		
I give permission for my contact details to be entered on the church database for publicising similar events to this Holiday Club in the future	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Parent/Guardian to sign and print name:		
Date		

If you have more than one child attending, please do not complete all the same information on the form. Instead, on sibling's forms "Same as for ..." and include your first child's name where all the details are included. Thank you.