



## PARENTAL CONSENT FORM

The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed event

### DATA PROTECTION

Dorset CC is a Data Controller for the purposes of the Data Protection Act 1998. This Act regulates how we obtain, use and retain information about individuals.

The information you supply is being collected for the purpose of gaining your consent.

When you sign or complete this form you are providing your consent to Dorset CC holding your personal information for this purpose. This information is used only for the purposes for which it is given and is not passed on to a third party.

### DETAILS OF PROPOSED EVENT

**Event : Be The Boss at The Gryphon School Wednesday 2<sup>nd</sup> March**

**Any additional information:**

### ACKNOWLEDGEMENT OF RISK

This event poses additional risks to those encountered during a normal day. We have assessed those risks and believe that the planning undertaken and systems agreed to control and manage the risks have reduced the chance of harm to an acceptable level.

To help with safety all participants are expected to behave in a responsible manner at all times during the event. They must take direction from any leader and follow all instructions or guidance given.

Details of planning and risk assessment are available on request.

### CHILD OR YOUNG PERSON'S DETAILS

Full name:

Home address:

MEDICAL / EMERGENCY CONTACT INFORMATION	
<p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____</p> <p>ZIP: _____</p> <p>PHONE: _____</p> <p>CELL: _____</p> <p>EMAIL: _____</p>	<p>NAME: _____</p> <p>ADDRESS: _____</p> <p>CITY: _____</p> <p>STATE: _____</p> <p>ZIP: _____</p> <p>PHONE: _____</p> <p>CELL: _____</p> <p>EMAIL: _____</p>

In an emergency I can be contacted:	Name
	Relationship:                      Mobile:
If unavailable contact:	Home Tel:                      Work Tel:
	Name:
	Relationship:                      Mobile:
	Home Tel:                      Work Tel:
Our family doctor is:	Name:
	Surgery:
Dr's Tel No:	

### Young Person/Child's Medical Information.

Please provide detail of all medical conditions and illnesses and any treatments required to maintain health. This information helps us to keep your child safe.

**Other information/Dietary Requirements.**

Please provide any other information that may affect the safety of your son/daughter or any other persons and/or the organisation and success of the event.

CONSENT DECLARATION	
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I, being the parent / guardian of the child/young person named at the head of this form, have received full details of the event, am satisfied with the arrangements and give consent for him / her to take part in the proposed event.

I give consent for him / her to receive emergency medical treatment, including anaesthetic, as considered necessary by any medical doctor present, should the need arise. I have provided detail of all medical conditions and illnesses and any treatments required to maintain health.

Any other information that may affect the safety of my child or any other persons and/or the organisation of the event has been provided to the organiser.

**Print Name:**

**Relationship to child/young person:**

**Signature & Date:**