Woodhill Evangelical Church

Consent Form –Guidance Notes

This document describes the details included in our Ongoing Consent Form. The details shown are a direct extract from what we hold on our database and are automatically changed when you amend anything and then submit the form.

Details

Includes basic information about the child.

Date of Birth is not essential, but useful for us to know how to pitch activities relevant to the child's age.

Child's Email is NOT required – we do not generally contact children this way

Child's Mobile is not generally required, but may be useful to have if we need to contact the child regarding a last minute change

Address will show with *** for security purposes after it has been entered.

Parents/Carers

Includes Contact details for parents/carers.

This will show the Primary Contact and other Contacts held. Email Addresses and Phone Numbers will show with *** for security purposes.

Additional Information

This group includes medical details and information about emergency contacts.

Medical – A brief note of any **medical conditions, allergies or dietary needs** we should be aware of during our regular weekly activities.

Please include only:
Medical Conditions - just the condition name (e.g. Asthma, ADHD, Coeliac, Migraines)
Allergies - what they're allergic to (e.g. cat hair, pollen, ibuprofen)
Dietary - specific diet (e.g. Vegetarian) or food intolerance (e.g. dairy, eggs, gluten free)

Symptoms/Medication/Treatment – Any medication or treatment included here should only be those that are likely to be required during the time the child/young person attends one of our regular weekly activities. We'll ask separately about any regular medication/treatment for Residential activities separately at an appropriate time. Please give as much detail as possible:
Symptoms - What might help our leaders know when the child/young person is experiencing symptoms (e.g. Breathless, Swelling, Feeling faint, Difficulty swallowing, Coughing a lot)
Medication - What medication the child/young person may need to take if symptoms present themselves, including Name of medication, dosage, how taken, when needed (e.g. "Asthma - needs 3 puffs with blue inhaler if short of breath", "Allergy - use Epipen carried by child"). Please include any non-prescription medication permitted (e.g. "Can take 1x200mg paracetamol tablet for headache")

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PLEASE ARRANGE TO PROVIDE THE LEADER OF THE ACTIVITY WITH A SUPPLY OF THE MEDICATION, MARKED WITH THE NAME OF THE CHILD/YOUNG PERSON.

Note that our leaders are not permitted to administer medication, but will support the child/young person to do so themselves if necessary.

Treatment - Details of anything we can do to make the child/young person more comfortable (e.g. "Anxious -keep in a quiet place for a short time"; "Migraine - contact parent")

Mobility Challenges - Any restrictions on movement we need to consider when planning activities (e.g. “2unable to move quickly”).

Extra Emergency Contact - Our trained first aiders will carry out first aid for minor injuries, such as bumps and grazes and we will contact you to let you know what happened. For a more serious accident or emergency, we will initially try to contact you. In case we’re unable to reach you, we also need details of an alternative contact - their **Name**, **Phone No.** and their **Relationship to your Child**.

Anything else – Anything related to the child not covered above (e.g. “May need encouragemen to take part in some activities”).

Photo/Video

This group includes consents for taking/using the child’s image or not.

We often take photos/videos at children’s events to share at our church services or include in our church Facebook pages. These are generally group images showing the children taking part in their activities. The options shown allow you to consent or not to:

Internal presentation at church services or other church events.

External Presentation using our church Facebook pages.

Communications

This group includes options for communicating with the child directly.

Generally we communicate with children through their parents. For **children**, all settings should **generally be left unticked** unless they have their own mobile and/or email address which you are happy for us to use communicate with them from time to time.

Consent

This is the final part of the form, where you confirm that:

a) You grant us **consent** to store and process the details you provided for your child
b) You grant **permission** for your child to attend or continue to attend one of our regular activities and to receive **emergency medical/dental treatment, including anaesthetic,** if you or another emergency contact cannot be reached.

If you need information on how we use consents and permissions, click on the links for consent and/or permission above.