**MEDICAL / CONSENT FORM FOR TRINITY EXPLORERS**

**Photography:**

During EXPLORERS, photographs may be taken and used in future printed and electronic media, both for the purpose of advertising other events and promoting/sharing news on work we do.

If you DO NOT wish for your child to be included on any such material, please tick the box.

When the weather is fine we may take the children off site for activities. Adults with approved ratios always supervise these activities.

If you are happy for us to do this please tick the box. ****

**Data Protection**

The information given on this form will be held by Trinity Rawdon in line with our Privacy and Retention Policy in accordance with the GDPR 2018

Y

|  |
| --- |
|  |
|  |
|  |
|  |

Parent/Carer Name:

Home Address:

Email:

Mobile:

Emergency Contact

Telephone:

Relationship to child:

|  |
| --- |
|  |
|  |
| (allergies etc.) |

Name of child:

Date of Birth:

Medical conditions:

|  |
| --- |
|  |
|  |
|  |

**Parent/Carer Consent:**

In the event that the child named herein is injured and I cannot be contacted on any of the numbers provided, I hereby give my consent for my child to receive due process of care and if needed medical attention. I hereby confirm the information provided is correct to the best of my knowledge, and permit a named representative of Trinity Rawdon to be responsible for my child.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_