



**Multiple Activities Consent Form**  
**PARENTAL CONSENT FOR A VISIT**  
**Jan 2020- Dec 2020**

**Canoeing, Climbing / High Ropes, Crate-Stack, Leap of Faith, Archery, Cooking/ BBQ'S, Sports, Orienteering, Inflatables, Pedal Go-Karts and other Youth Work related activities.**

I agree to: **X** \_\_\_\_\_ **(full name)**  
taking part in this visit and have read the information sheet(s) and agree to all activities highlighted as part of the Trip, Visit or Residential.

I agree to **X** \_\_\_\_\_'s participation in the activities described and  
I acknowledge the need for **X** \_\_\_\_\_ to behave responsibly and  
adhere to rules & regulations given by the group leaders.

Does your child have any conditions requiring medical treatment, including medication?	<b>YES/ NO</b> If Yes please provide details	Details:
To the best of your knowledge, has the child/young person been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?	<b>YES/ NO</b> If Yes please provide details	Details:
Does your child/young person have any allergies including medication?	<b>YES/ NO</b> If yes please provide details	Details:
Does your child consider	<b>YES/ NO</b>	Details:

themselves to be disabled or have special educational needs that staff delivering the programme will need to be aware of?	If yes please provide details	
When did your child/young person last have a tetanus injection?	Date:	
Please outline the type of pain/flu relief medication your child may be given if necessary:	Details:	
Please outline any special dietary requirements of your child/young person	Details	
Child/young person's DOB		

#### Declaration

☐

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided

☐

I give consent for my son/ daughter to be issued with a Breeze card if they don't already have one

#### Full name of Parent / Guardian (capitals):

X \_\_\_\_\_

#### Contact Address and Telephone Numbers:

Home Telephone Number:

Work Telephone Number (& Ext No):

X \_\_\_\_\_

X \_\_\_\_\_

Home Address:

X \_\_\_\_\_

\_\_\_\_\_

#### Alternative Emergency Contact:

**Name:**

X \_\_\_\_\_

**Telephone Number:**

X \_\_\_\_\_

**Address:**

X \_\_\_\_\_

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**Name of Family Doctor:**

X \_\_\_\_\_

**Telephone Number:**

X \_\_\_\_\_

**Address:**

X \_\_\_\_\_

**Signed:**

X \_\_\_\_\_

**Date:**

X \_\_\_\_\_

## **Photography and filming - Consent – Children and Young People**

Dear Parent/Guardian,

As part of your child's visit to our activity centre we would like your permission to take images of your child and share these on our Leeds City Council Youth Services social media accounts.

Images will be held by Leeds City Council and may be used on social media and in publications for up to 3 years.

If you have any questions about the use of your child's images or wish to withdraw your consent for their use you can do so at any time by contacting vince.foster@leeds.gov.uk. Please note that we may not be able to retrieve all the images if these, for example, have already been published or used in social media.

By signing, you give your permission for images of your child to be used as detailed on this form

Name of Child \_\_\_\_\_ Your Name \_\_\_\_\_

Your position (ie Parent, Legal Guardian, Carer) \_\_\_\_\_

Your Signature \_\_\_\_\_ Date \_\_\_\_\_

Child's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(if over 13 years)

## Privacy notice

Leeds City Council Youth Services takes its obligations under the Data Protection legislation very seriously. The main laws are the Data Protection Act 2018 and the General Data Protection Regulation. The information you provide to our activity centre will be subject to rigorous measures and procedures to make sure that it cannot be seen, accessed or disclosed to anyone who should not see it. Our service also needs to use sensitive personal data relating to your child (also called “special category data”) which requires more protection by us to keep it safe. Leeds City Council are the owner (data controller) of this information and therefore obliged to fully comply with the relevant Data Protection laws and regulations.

Any personal and sensitive information you provide will be collected, used, shared and held by Leeds City Council Youth Services for the purposes of enabling your child to safely take part in activities. We collect and hold this information to enable us to comply with a legal obligation, or because we are acting in the public interest or exercising a public task in our official authority.

We will share the information you provide with Leeds City Council for reporting purposes, in order to receive funding, and in order to make the services of Leeds better. The information we share with be anonymised. There may be circumstances where we may use and share your information without your agreement, as we are legally required to do so if we believe there are significant concerns relating to the child/ young person’s safety or wellbeing. The personal data you provide will be retained for 3 years, after which it will be confidentially destroyed.

You have rights in respect of the information we hold about you and your child, including the right to ask for access to your information. Further information in respect of your rights is available at <https://www.leeds.gov.uk/opendata/your-rights>. To exercise any of your rights, please contact [dpfoi@leeds.gov.uk](mailto:dpfoi@leeds.gov.uk); any One Stop Centre, or send to Information Management & Governance, PO Box 837, LS1 9PZ, and we will advise you of the procedure.

Further information in respect of your privacy and your information is available at: <https://www.leeds.gov.uk/privacy-statement/privacy-notice>. This includes contact information for the Council’s Data Protection Officer. A paper copy of this information is available on request.