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| **Establishment name: Weymouth Outdoor Education Centre** | |
| **PARENTAL CONSENT FORM (for children and young people under the age of 18)** | |
| The purpose of this form is to obtain your consent for your son/daughter to take part in the proposed event. | |
| **DATA PROTECTION** | |
| We store, use and manage your data and information whether on paper or electronically, in a secure way. Information will only be shared with relevant third parties to ensure client safety during your visit, for example the emergency services. We will keep your information for as long as required in order to fulfil our duties.  Our Data Protection Officer (DPO) makes sure we protect your information; that we respect your rights and follow the law. If you have any concerns or questions about how we take care of your personal information please contact the DPO by email at [data.protection@dorsetcouncil.gov.uk](mailto:data.protection@dorsetcouncil.gov.uk) or phone 01305 225175. | |
| **DETAILS OF PROPOSED EVENT** | |
| **Event: Year 3 school trip to Weymouth Outdoor Education Centre 15.6.22** | |
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| **Any additional information:** | |
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| **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 need to take responsibility for their own health and safety and to behave reasonably 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:                                                                                          Age: | |
| Home address: | |
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| **EMERGENCY CONTACT INFORMATION** | |
| In an emergency I can be contacted:  If unavailable contact: | Email:                                     Mobile:  Home Tel:                               Work Tel:  Email:                                     Mobile:  Home Tel:                              Work Tel: |
| Our family doctor is: | Name: |
| Doctor’s telephone number: | Surgery: |
| **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.  **MARKETING & PROMOTION**  I consent for my child to have their photograph taken for use solely by WOEC for marketing and promotion. Y / N | |
| **SWIMMING ABILITY FOR WATERSPORTS- Not Necessary** | |
| **CONSENT DECLARATION** | |
| 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:**  **Signature:** | **Relationship to child/young person:**  **Date:** |