

USING IMAGES OF CHILDREN

LOCATION OF PHOTOGRAPH: ASN Sports Camp
 ACTIVE SCHOOLS MAY WISH TO TAKE PHOTOGRAPHS / MAKE A VIDEO / WEBCAM RECORDING OF THE ABOVE NAMED PARTICIPANT INVOLVED IN THE ACTIVITY.
 THESE IMAGES MAY APPEAR IN OUR PRINTED PUBLICATIONS OR ON OUR WEBSITE.
TO COMPLY WITH THE DATA PROTECTION ACT 1998, PERMISSION MUST BE GRANTED BY THE PARENT / GUARDIAN BEFORE ANY IMAGES OF THE NAMED PARTICIPANT ARE TAKEN AND USED, PLEASE ANSWER QUESTION 1 AND 2 BELOW, THEN SIGN AND DATE THE FORM.

1. MAY WE USE THE NAMED PARTICIPANT'S IMAGE IN OUR PRINTED PROMOTIONAL PUBLICATIONS * **YES / NO**

2. MAY WE USE THE NAMED PARTICIPANT'S IMAGE ON OUR WEBSITE? * **YES / NO**

Please note that websites can be seen throughout the world, and not just in the United Kingdom, where UK law applies

I HAVE READ AND UNDERSTOOD THE CONDITIONS FOR USING THESE IMAGES DETAILED BELOW

SIGNED

RELATIONSHIP TO PARTICIPANT.....

DATE

CONDITIONS OF USE OF IMAGES

1. Sports Services will not include details or full names (which means first name and surname) of any person in an image on our website, or in printed publications, without good reason and only with your expressed consent.
2. Sports Services will not include personal email or postal addresses, or telephone or fax numbers on our website or in printed publications.
3. Sports Services may use images with very general labels, such as "young people enjoying sport."
4. We will only use images of participants who are suitably dressed; to reduce the risk of such images being used inappropriately e.g. we will not publish material from a swimming activity.
5. Your consent is valid for 2 YEARS from the date of signing. It will automatically expire after this time.
6. Sports Services will not re-use any images after this time.

PARENTAL / GUARDIAN DECLARATION

I hereby authorise the participant referred to on this form to attend and participate in the named activities. I agree to the named participant receiving emergency medical treatment as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

SIGNED * PARENT / GUARDIAN

DATE

For further information contact **Active Schools and Community Sports Officers Susannah Pietryga on 07774016347 or Cameron Steel on 07810773939**

Parental Consent Form

ASN Summer Sport and Activity Camp 3-5 August 2016.

PARTICIPANT INFORMATION

NAME

ADDRESS.....

PHONE NUMBER.....

DATE OF BIRTH.....

SCHOOL ATTENDING.....

MALE FEMALE

PARENT/GUARDIAN.....

EMAIL.....

EMERGENCY CONTACT

NAME.....

RELATIONSHIP TO PARTICIPANT.....

ADDRESS

PHONE NUMBER

DOCTOR'S DETAILS (in case of emergency)

NAME.....

ADDRESS.....

PHONE NUMBER.....

Does your child need support with toileting?

Yes No

MEDICAL INFORMATION

Does the participant suffer from any condition requiring medical treatment, including medication? * **YES / NO**
 If YES please give details

Please provide details of any medication that maybe required during the outing (all medication must be labelled correctly and clearly with name and dose)

To your knowledge is the participant currently on any medication? * **YES / NO** If YES please give details

Is the participant disabled within the terms of the Disability Discrimination Act 1995? (*Please note that a disability under the Act is either a mental or physical impairment and can include hidden conditions (e.g. asthma, epilepsy, diabetes etc) that is likely to last 12 months and affects everyday activities e.g. memory, mobility, speech, continence, concentration)* **YES / NO** If YES please give details

Is the participant allergic to any medication/ foodstuffs/ materials? * **YES / NO.** If YES please give details

Has the participant received an anti-tetanus injection in the last five years? * **YES / NO** If YES what year?

Please outline any feeding or special dietary requirements of the participant.