

ADDITIONAL NOTES

INFORMATION & CONSENT PACK  
2019

Synergie Youth Project will use the information provided in this file to support your child while attending our events. This information will be used in cases of emergency's whereby we need to contact you, events where food is provided as well as permissions for use of photographs. If you have any questions about how the information will be used please feel free to contact us.

This form is to be completed by the parent or carer over the age of 18 Years.

**Childs Information:**

Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Post code: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

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**CONTACT INFORMATION**

This form is to be completed by a parent/carer over 18 Years.

Contact Information is required for the child's Next of Kin as well as an additional contact. This information will be used in the case of any emergency. 2 Persons information is required in case we are unable to reach the first next of Kin.

**IMMEDIATE NEXT OF KIN**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Post code: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

**SECONDARY NEXT OF KIN**

Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Post code: \_\_\_\_\_

Email: \_\_\_\_\_

Mobile No. : \_\_\_\_\_

**DATA PROTECTION & CONFIDENTIALITY**

This form is to be completed by a parent/carer over 18 Years.

All personal information supplied by you about yourself and your child will be held in accordance with current legislation governing data protection.

Synergie Youth Project may wish to contact you in the future to give updates on events and other activities as well as Newsletters. We may also wish to contact you about excursions or other items.

If you give us permission to contact you please indicate below in which ways we may contact you.

E-mail  Letter  SMS  Call

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

We will always store your personal information securely. We will use it to provide service(s) you have requested and communicate with you in the way(s) that you have agreed to. You can unsubscribe from receiving communications from us at any times. To do this please call 01383631001 or email [rf.synergieyouth@gmail.com](mailto:rf.synergieyouth@gmail.com). We will only allow your information to be used by third parties working on our behalf. We will share your information if required to by law.

**TRANSPORT CONSENT**

This form is to be completed by a parent/carer over 18 Years.

**TRANSPORTATION SUMMARY**

There may be occasions where we may need to transport your child to or from Synergie meetings and events for example trips out of Dunfermline.

The Synergie leaders are all over 21 and have been disclosed by Disclosure Scotland. Leaders we have authorised for transportation are: Steven Paton, Zara Paton, Ewan Mitchell and Mel Thomson.

I **do / do not** authorise the transportation of my child by one of the Synergie leaders to or from Synergie meetings and or Synergie events.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**MEDICAL INFORMATION**

This form is to be completed by a parent/carer over 18 Years.

All medical information will remain confidential. This information will be used in case of a Medical Emergency .

**DOCTORS INFORMATION**

Name of Doctor: \_\_\_\_\_ Surgery: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Post code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Please list any medical conditions (including behavioural) that we should know about below. Please give further details on a extra sheet if necessary.

Medical Condition	Medication required & administration

Please list any MEDICAL allergies below, including plaster and any other drug related allergies.

Medical Allergy	Detail of reaction and severity

I give permission for my child to be attended by a doctor or taken to hospital, in an emergency situation if emergency contacts cannot be reached.

YES  NO

I consent to Synergie leaders administering first aid treatment considered necessary during the their time at the youth group.

YES  NO

**DIETRY INFORMATION**

This form is to be completed by a parent/carer over 18 Years.

All Dietary information will remain confidential. This information will be used when preparing food that may be served at our events.

Please list any food allergies we should know about. Serious food allergies should also be listed in medical details section. Please give additional information if necessary on a separate sheet.

Allergy	Detail of Reaction and Severity

Please provide any requirements below. Please give additional information if necessary on a separate sheet

Dietary Requirements

Signature of Parent/Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

**PHOTOGRAPHY CONSENT**

This form is to be completed by a parent/carer over 18 Years.

**PERSON(S) IN PHOTOGRAPHY**

Photographs are often taken during events and outings. These photographs are usually put on display during presentations, in external communications, publicity materials and/or on social media.

We do ask, to ensure the safety and privacy of all who attend events that parents and carers should not photograph or record without express permission from Synergie Youth Project .

Are you happy to give your permission for your child to be photographed and for these photographs to be displayed?

YES  NO

Are you happy for your child to be included in photographs for local press, or for use in Promotional materials e.g. Social Media?

YES  NO

Are you happy for your child to be included in photographs, which may be used on official Synergie Youth Project Social Media sites, e.g. Instagram and Facebook?

YES  NO

I hereby grant Synergie Youth project the right to use photograph(s) taken at Synergie meetings, events and excursions and any reproductions or adaptations for use by Synergie Youth Project for both public and youth group purposes.

Name (printed): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_