

**PARENTAL CONSENT FORM – MOD COMMUNITY SUPPORT CONSENT FOR ATTENDING OFFSITE, RESIDENTIAL AND OR OUTDOOR EDUCATION ACTIVITIES**


<b>First name</b>		<b>Surname</b>	
<b>Emergency contact name 1</b>		<b>Emergency contact name 2</b>	
<b>Contact number</b>		<b>Contact number</b>	
<b>Address (if changed in last 12 months)</b>			

**Activity details**

Ser	Start date	End date	Activity	Location	Remarks
1					

**Consent by Parent/Guardian**

- I wish for the above-named child / young person to be considered for acceptance on the activities listed above.
- I understand that acceptance for the activities will be subject to the complete discretion of the MOD Youth and Community Professionals.
- I certify to the best of my knowledge that the above-named child / young person is fit to attend and that all the information on this form is accurate and up to date. The child / young person is not suffering from an infectious disease<sup>1</sup> and has not been in contact with any case of infectious disease during the previous 3 weeks.
- I understand that withholding essential medical information may prevent the child / young person from attending unit activities. (Please note whilst minor ailments can be dealt with anything that prevents them from taking part in the activities may require them to be collected and taken home).
- I authorise the group leader to give permission for the above-named child / young person to receive emergency medical care<sup>2</sup>.
- I understand that if the child / young person is unable to carry on with activities then I may have to collect them from the activity.

<b>DATA CONSENT – to be signed by parent / guardian if under 13, or young person if over 13.</b>			✓
	I consent to Army Welfare Service (AWS) processing my / my child's data under the Data Protection Act 2018 to allow AWS to provide Community Support Services. I have read a copy of the AWS Privacy notice		
<b>Signed</b>		<b>Date</b>	
<b>Print Name</b>		<b>Relationship to child</b>	

<sup>1</sup> Infectious diseases eg measles etc.

<sup>2</sup> Every effort will be made to contact you for your consent should the child / young person need to receive any emergency dental, medical or surgical treatment (including anaesthetic) as considered necessary. However it may not always be possible.

OFFICIAL SENSITIVE – When complete

If the child / young person does not turn up, there will be no refund except in extreme circumstances and will be on a case by case basis. This is due to the payment being used for feeding and travel expenses.

**Dietary requirements**

7. Any dietary requirement for our child / young persons can only be catered for if they are known in advance of the activity; please list any requirements below.

Ser	Requirement	Remarks
1		
2		
3		

**Medical requirements**

8. If the child / young person is currently has any medical conditions or is taking medication<sup>3</sup> please complete the information below.

Ser	Condition/Medication	Remarks
1		
2		
3		

By signing this section, you will be agreeing to the named person taking part in AWS Community Support activities. <b>You will be acknowledging the need to inform the group leader of any significant changes to the information supplied at the time of registration</b> and confirming that you understand that action may be taken if they behave in an unacceptable way whilst participating in AWS activity.			
Signed			Date
Print Name			
Relationship (if participant is under 18)			

<sup>3</sup>Any medication that is to be handed into the MOD Youth and Community Professionals should be clearly marked with name and full instructions.