

**QA 6 – Age 5-18's Annual Registration, Consent & Medical Information Form**

**ANNUAL REGISTRATION, CONSENT & MEDICAL INFORMATION**

This information may be shared with group/activity leaders and used to:

- Inform medical practitioners
- Support Quality Assurance
- Contact you in an emergency
- Monitor delivery
- Let you know about our services
- For safeguarding purposes

Name of club/group	
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**PARTICIPANTS DETAILS:**

First Name		Surname/Family Name								
Known as										
Date of Birth		Age			Male		Female		Other	
Service	Royal Navy		Army		Royal Air Force		Civilian			
Your Email (optional)										

**CONTACT DETAILS:** (please include all civilian and military codes)

Home Address		Military Parent or Guardian Work Address		Non-Military Parent or Guardian Work Address (if applicable)	
Postcode		Postcode		Postcode	
Telephone		Telephone		Telephone	
Mobile		Mobile		Mobile	
Parent/Guardian Email					

**EMERGENCY CONTACT:** (please include all civilian and military codes)

Name/s		Relationship	
Daytime Tel			
Evening Tel			
Mobile Tel			


**ADDITIONAL NEEDS / MEDICAL / DIETARY INFORMATION:**

Please provide information about any <b>medical conditions, additional needs or dietary requirements</b> that the child / young person may have. This will be used in an emergency or on a offsite, residential or outdoor education visit.

Official Sensitive – Personal (When complete)

Doctors Name	
Address	
Telephone	

**DATA CONSENT** (to be signed by a parent / guardian if under 13)

DATA CONSENT – to be signed by parent / guardian if under 13, or young person if over 13.		✓
	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	
	I understand that the information may be used to provide me / my child with medical services in the event of an emergency and it may be shared with medical professionals.	
	I understand that my / my child's information may be shared with statutory agencies such as social services or the police for the purposes of safeguarding and for detecting, preventing or deterring a crime.	
Signed		Date
Print Name		
Relationship (if participant is under 13)		

**ACTIVITY / MEDICAL / PHOTO CONSENT** (to be signed by a parent / guardian)

Please indicate the extent of your consent with a ✓.

We may wish to take photographs or video of activities that involve the named person. The images may be used for displays/publicity purposes by AWS and partner organisations and distributed amongst the participants. Photographs or filming will only take place with the permission of the worker in charge and under appropriate supervision. When filming or photography is carried out by the news media, children will only be named if there is a reason to do so (e.g. they have won a prize), and home addresses will not be given out. Images that might cause embarrassment or distress will not be used. You can ask to see images of you/your child held by the establishment. You may withdraw your consent at any time. Please note that we are not responsible for images captured by participants on their own devices.

Photo & Video	I consent to photographic and video images being taken and used as outlined above and in accordance with AWS policy.	Yes		No	
Medical Treatment	I agree to medical treatment, including anaesthetic, as considered necessary by the medical authorities present.	Yes		No	

By signing this section, you will be agreeing to the named person taking part in AWS Community Support activities. **You will be acknowledging the need to inform the group leader of any significant changes to the information supplied at the time of registration** 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)		