

# ACTIVE SCHOOLS CONSENT FORM

## 1. PARTICIPANTS DETAILS

Name:		School:		Class:	
Activity:		Venue:		Date(s)	

## 2. PARENTS/GUARDIANS DETAILS

Parent/Guardian Name:		Contact Telephone No.	
Address and Postcode:		Email Address:	
Alternative Emergency Contact Person:		Alternative Emergency Contact Telephone No.	

## 3. COLLECTION PROCEDURES (To be completed For ALL PRIMARY School Participants)

I confirm that my child will walk home after the activity.	Choose an item.
I confirm that my child will be collected at the end of the activity. (If yes please insert details below)	Choose an item.
My child will be collected by:	Relationship to Child:
Alternative Person to collect:	Relationship to Child:

Any alternative arrangements for collection should be communicated with the Active Schools Coordinator prior to the session taking place.

## 4. PHOTOGRAPHS

Photographs and video footage may be taken by our staff during training sessions, events and classes. This content will be used in our traditional marketing campaigns, on our website and on social networks to promote sport and encourage more children to live an active lifestyle.

I DO NOT wish photographs or video footage to be taken of my child.

## 5. MEDICAL CONDITIONS

Does the participant have any medical conditions, or additional needs which we should be aware of?

Yes  No  If Yes, please give details

Do you consent to any medical treatment being given in an emergency? Yes  No

## 6. DISABILITY

The Disability Discrimination Act describes a person as having a disability if he/she has a physical or mental impairment, which has a substantial long term (which lasts 12 months or more or is recurring) and has an adverse effect on their ability to carry out normal day to day activities. Do you consider the participant to have a disability?

Yes  No  If Yes, please give details

If you or your child has a Special Need/Disability, please get in touch with us before making your booking. We can give you detailed information about the activities, for you to assess their suitability.

## 7. CONSENT AND DATA PROTECTION

The information you have supplied will be used for the purpose(s) for which you have provided it. High Life Highland will also use it to plan improvements and to meet our obligations in delivering services on behalf of The Highland Council. This data will be maintained in accordance with the Data Protection Act 1998 and will not be passed on or sold to any other organisation without your prior approval, unless there is a legal requirement to do so. High Life Highland would like to send you information about our own products and services and the benefits of being a High Life member by post, telephone, email and SMS. If you agree to being contacted in this way, please tick the relevant boxes.

Post  Phone  Email  SMS

Declaration: I consent to my child taking part in Active schools activities and I agree to the use of my personal data as detailed above.

Signature:

Date:

