

## Sample forms of words

### 1. Photography

Dear Parent/Carer

During the course of the year, we may sometimes wish to take photographs or video recordings of children within this group or on trips, either for our own records, for use as part of our learning, for inclusion in Denominational publications or for inclusion on our website. Children may also be photographed when attending events or activities organised by the Sunday School and Youth Committee of the NSPCI.

To comply with the Data Protection Act 1998 and the new General Data Protection Regulation (May 2018), we need to ask your permission to do this. In view of this, please read the Statement below and complete and return this form by\_\_\_\_\_.

We may use your child's photograph in congregational or denominational publications.

We may use your child's image on our website.

We may record your child's image on video.

These recordings or photographs may be used as part of Sunday School learning and work and entered into Sunday School exams.

Your child's image may appear in the media.

Your child's first name may appear with the image in the media.

I/We **do/do not\*** give consent (please sign) .....

\*delete as applicable

Relationship to child .....

Address .....

.....

Telephone number .....

Date .....

### 2. Health/Allergies

Dear Parent/Carer

At the start of each year we wish to ensure that we are aware of any allergy or medical issues which affect those children and young people with whom we work. This information will be held securely for the sole purpose of ensuring we are aware of any risks to the children and young people we engage with.

To comply with the Data Protection Act 1998 and the new General Data Protection Regulation (May 2018), we need to ask your permission to do this.

Please complete and return this form informing us of any medical issues which you think we should be aware of by\_\_\_\_\_.

I/We **do/do not\*** give consent (please sign) .....  
\*delete as applicable

Relationship to child .....

Details of allergies or medical conditions.....

.....

.....

Address .....

.....

Telephone number .....

Date .....

### 3. Contact details

We hold contact details of our members and those we have regular contact with in order to establish and maintain membership; support our work and to provide or administer activities.

To comply with the Data Protection Act 1998 and the new General Data Protection Regulation (May 2018), we need to ask your permission to do this. These contact details will only be used for issues set out above.

Should you no longer wish to be contacted by us please let us know and we will remove your data from our records.

I **do/do not\*** give consent (please sign) .....  
\*delete as applicable

Email/Address .....

.....

Telephone number .....

Date .....