# **AMNESTY INTERNATIONAL UK**

# **[EVENT]**

### **PARENT/GUARDIAN CONSENT FORM**

### **COMPULSORY FOR YOUTH DELEGATES UNDER 18 ATTENDING WITHOUT PARENT**

Dear Parent/Guardian

We are delighted that the young person in your care has booked a place at Amnesty International UK’s [Event] in [Location] on the [Date]. Since the individual in your care is under 18 and not coming with an accompanying adult, we require consent from a parent or guardian for them to attend the event.

We also require consent to use photos or videos that may feature the person in your care, as well as emergency contact details, dietary requirements and disclosure of any special medical needs. Please note that we require consent forms to be returned to us prior to the event otherwise the individual may be refused admission. Travel to and from the venue is the responsibility of a relevant adult such as a parent, guardian or school/college staff member – the address of the venue is given below. If there is any difficulty with this, please let our team know so we can discuss alternative arrangements.

We ask that any young person who **has not** been given permission for their photo or videos to be used identify themselves to the conference organisers at registration. The photographer at the event will be informed about this restriction.

For more information about our policy around use of images, please refer to [www.amnesty.org.uk/privacy](http://www.amnesty.org.uk/privacy), you can also access our safeguarding policy and procedure by going to  www.amnesty.org.uk/safeguarding

We hope you will give permission for the person in your care to attend what should be a fantastic and inspiring day.

|  |  |  |  |
| --- | --- | --- | --- |
| Date(s) of activity: |  | Location: |  |
| Description of activity / what young person will be doing: |  | | |
| Purpose / objectives of the programme / activity(ies) |  | | |

|  |  |
| --- | --- |
| Full details of young person: | Name:  DOB:  Address: |
| Full Contact details of parent/guardian | Name:  Contact number:  Email:  Address:  Relationship to young person: |
| Contact names and phone number(s) in case of an emergency. These can be the same details as given above, but we would ask that you give a second person too | **Emergency contact 1:**  Name:  Relationship to young person:  Contact number:  **Emergency contact 2:**  Name:  Relationship to young person:  Contact number: |
| Please provide details of any disabilities, health, or access needs (including allergies) that are relevant to this event.  ***NOTE:*** *Please label any medication with your child’s name and provide clear instructions for its use. If applicable, ensure that a spare, clearly labelled inhaler or EpiPen is brought to the event to be held by the first aider.* |  |
| Please provide any extra information that will help us make the event accessible for your child (e.g., dietary requirements, requirement for a prayer space). |  |

**Consent form – Declaration**

|  |
| --- |
| I, [please print your name] ………………………………………………………….…. give permission for …………………………………………………………………………., as their parent/guardian to take part in the [insert name of event] at [location] on [insert date] from [insert timings]. I have read the information regarding the activity and understand what is involved.  *Please delete as appropriate:*  **I do / I do not give** permission for photos or filming of the above person to be used by Amnesty International in all formats and in publications, websites, products and programs anywhere in the world. I give Amnesty International all copyrights and other rights to these photographs and videos.  **I agree / do not agree** to the above-named person receiving emergency medical treatment, including anaesthetic, as considered necessary by the medical authorities present in the case of an emergency.  I understand that by signing this form, Amnesty International UK is obliged to keep a copy of it in order to comply with our wishes and data protection law.   Signature ………………………………………………… Date………………………………. |
| If the young person is 13+, in addition to their parents giving consent, they also need to give their consent to be photographed or filmed and attend the event:  I (name)………… agree to take part in the stated activity/event and agree to behave in line with the activist code of conduct.  I (name)………… agree/ do not agree to be photographed and/or filmed  I understand that by signing this form, Amnesty International UK is obliged to keep a copy of it in order to comply with our wishes and data protection law.  Signature ………………………………………………… Date………………………………. |

Please return to:

[insert contact details of who forms should be sent to, and make clear address of event]

**Please note that forms must be returned prior to the event to the above-named person or handed in at registration to confirm your place at the event.**

**What will you do with my data?**

We need the information you share with us to run our activities safely and to satisfy our legal responsibilities. It will be seen by those involved in the lead up to and running of the named above and will be deleted within 6 months of the date of the event.

We promise we’ll only share your information if:

• the law requires us

• in order to comply with our policies so your child can enjoy an activity safely

• it’s in the public interest

We’ll never sell your data or share it for any other reason.

For more information go to [www.amnesty.org.uk/privacy](http://www.amnesty.org.uk/privacy)