

Handbell Ringers of Great Britain Consent Form for Tours (including Overseas)



(This form should be filled in annually and kept with the group's records where it can be accessed in case of emergency. All those working with the child named on the form should be made aware of any health and dietary concerns which are given so that the child's needs may be met.)

Name of your handbell group:	
Title of the Group:	
Full Name of Child/Young Person:	
Date of Birth:	
Address:	
Telephone Number:	
Are there any medical or dietary concerns that we should know about your child? (Please continue overleaf if necessary).	
Name of Parent or Carer:	
Name/tel. no. of an additional contact:	
	oung Person named above to take part in the normal stand that transport to and from the activity is my responsibility.
Signature of Parent or Carer:	
Name:	
Date:	

Supplementary Form for Going Away/Going Abroad

(This form should be used in addition to the general consent form and this form and information will be destroyed after the tour)

Note to Parent/Carer: Insurance Advice

If the trip involves travelling abroad, you will need to arrange your child's own personal travel insurance, which would include cover for medical expenses, loss of baggage, cancellation etc. See the trip leader for further advice.

Title and Date of Trip:	
Surname of Child:	
Forenames of Child:	
Date of Birth:	
Age:	
Home Address:	
Telephone Number:	
Any medical conditions which we	
should be aware of (e.g. asthma,	
diabetes, hay fever, disabilities etc):	
Any prescribed medicines – please	
provide this information on a	
separate sheet and attach it to this	
form and advise the group leader of any changes in medication in writing:	
any changes in medication <u>in writing</u> .	
Special dietary needs (please provide clear details) :	
Recent inoculations (as appropriate)	

Emergency Information

Name of next of kin:	
Address of next of kin:	
Contact telephone number: Home	
Contact telephone number: Mobile	
Will the next of kin be at this a	address for the duration of the visit? YES/NO
If not, please give det	ails of where they may be contacted:
Additional emergency contact:	
(name and telephone number)	
Relationship to the child (e.g. grandparent):	
If trip is going abroad please complete the following:	
Passport number:	
Place of issue:	
Date of expiry:	
Nationality:	
Please read and sign: I have read the information which has been supplied about this visit and give my permission for my child to take part in this activity.	
Signature of Parent/Carer:	
Name:	
Date:	

HRGB Safeguarding and Child Protection Introduction and Policy

Photography and filming consent form

In accordance with the Safeguarding and Child Protection Policy 2020, Handbell Ringers of Great Britain) will not permit photographs, video or other images of young people to be taken without the consent of the child, or of the parent if the child is under16

Handbell Ringers of Great Britain will take all steps to ensure that photographic images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately you should inform the region's <u>Safeguarding Officer</u> immediately.

Consent information:

To be completed by child (age 16 to 18)

- □ I give permission for my photograph to be used by HRGB for display purposes
- □ I give permission for my photograph to be used by HRGB in printed publications
- □ I give permission for my photograph to be used on HRGB's national and regional websites
- □ I give permission for videos of me to be used on HRGB's national and regional websites
- □ I give permission for my photograph to be used on HRGB's social media pages
- □ I give permission for videos of me to be used on HRGB's social media pages

Signature of child:	Print name child:
Date:	

If the child is under 16, consent must be obtained from parents.

If over 16, it is still considered good practice to inform parents that photographs/videos of their child may be used if the child has given consent.

	completed by parent:		
	I give permission for my child's p	hotograph to be used within HRGB for display purposes	
	 I give permission for my child's photograph to be used by HRGB in printed publications I give permission for my child's photograph to be used on HRGB's national and regional websites I give permission for my child to be videoed for use on HRGB's national and regional websites I give permission for my child's photograph to be used on HRGB's national and regional websites I give permission for my child to be videoed for use on HRGB's social media pages I give permission for my child to be videoed for use on HRGB's social media pages 		
	I can confirm that I have read, or within the organisation.	been made aware of how these images or videos will be stored	
Signa	ture of parent:	Print name of parent:	
Date:			
Date:			