

CONSERVATIVE PARTY CONFERENCE CONSENT FORM - UNDER 18

This consent form should be completed by parents/carers where a child, young person is involved with Conservative Party Conference while unaccompanied by a parent or carer.

Day/date(s) of attendance at Conservative Party Conference:

Location:

Type of activity taking place:

1. Contact details for person requiring consent:

Name:

Home address:

Postcode:

Telephone Number:

Email:

Date of birth:

2. Parent or carer's details (where applicable):

Name:

Home address:

Postcode:

Telephone Number:

Email:

Date of birth:

3. If there's an emergency, please contact (only fill in if different from the person named above):

Name:

Home address:

Postcode:

Telephone Number:

Email:

Date of birth:

Relationship:

4. Medical details of person requiring consent:

GP:

Address:

Postcode:

Telephone number:

Email:

5. Any extra help we need to provide (for example because of a disability):

6. Do we need to know about any medical conditions or allergies? (IF yes, please provide details for the condition(s) and any medication needed):

7. Is there anything else you think we should know?

Information for parents and carers

The Conservative Party aims to provide a safe and enjoyable experience for every child or young person when attending Party Conference.

- All questions on the consent form must be completed and signed by the parent or carer before any child or young person takes part.
- Parents and carers must ensure they notify us of any changes to the information given on the form.
- Parents and carers must make arrangements for the person with consent to be brought to and from the activity safely and on time. If a parent or carer is not able to collect the person, they need to let us know in advance who will be doing so.
- We cannot take responsibility for any damaged clothing and/ or personal items during the activity.
- Parents and carers should ensure the person with consent has sufficient water, food, clothing, sun lotion and medication (where appropriate) for the duration of the activity.

I agree to _____ (include name of person with consent):

(Please tick)

taking part in the stated activity

being given any medical treatment in an emergency

I also agree to the Conservative Party keeping a record of this form for health and safety reasons for 12 months, in accordance with the requirements of the Data Protection Act 2018.'

Print Name

Signature

Relationship to person requiring consent

Date

Child or young person

I agree to (Please tick):

- taking part in Conservative Party Conference
- the Conservative Party keeping a record of this form so they have the information they need to keep me safe during the activity
- receiving any emergency medical treatment that I may need

I understand that enjoying the activity and being safe means I need to follow the code of conduct and safety rules of the organiser.

Print Name

Signature

Date

The information provided in this form will be processed by The Conservative Party (the Data Controller) and used solely for the purposes of safeguarding an individual who is involved in a named party activity. This information may be disclosed to Party Members and staff organising the activity, and to medical professionals in the event of a medical issue arising.

Full details of how to exercise your rights, including erasure, are at <http://conservatives.com/privacy> or by contacting the Data Protection team: dataprotection@conservatives.com or 020 7984 8300.