GUERNSEY ACADEMY OF THEATRICAL EDUCATION

MEDICAL INFORMATION AND CONSENT FORM

Student's name ; _____

Please list any underlying medical conditions or injuries which G.A.T.E. should be made aware of?

G.A.T.E is primarily responsible for making determinations about how and why we process your personal data and how we store it. In certain limited circumstances, we may need your prior explicit consent in order to ensure that we can continue to process certain information. So that you can make a clear and informed decision about whether to provide such consent, we have set out the following information which explains:

- Why we need your consent;
- What we do with your data and, where relevant, who we will share it with; and
- What may happen if you wish to withhold or withdraw your consent.

1. *Why we need your consent:*

   Data relating to a person's health is considered to be particularly sensitive under the data protection regime and must be treated by a data controller with special care. This is known as 'special category data'.

   G.A.T.E is legally required to ensure that we have a lawful reason for processing your personal data. Where we process any health data relating to you or if you are a parent or guardian, your child, we require your explicit consent.

2. *What we do with your data:*

(a) In order to enable us to continue to provide a safe and secure environment for our students, of all abilities, we need to ascertain whether any of our students have any medical conditions which organisers or teachers should be aware of. We will therefore ask for certain medical details to ensure that we are able to provide appropriate care during our classes and, if necessary, in an emergency first aid situation ("**Purposes**").

(b) We will ensure that only those persons within our organization (e.g. our teachers and administrators) who need to know this information are aware of it and will not share it with third parties unless required to do so as a result of an emergency situation (e.g. to notify your nominated contact in the case of an emergency, to inform paramedics, A&E doctors or other relevant medical staff).

(c) We will store such information securely in accordance with our Privacy Statement and will retain such information as part of your records for a period of following the end of our relationship with you unless we have another lawful reason to hold such data.

3. *What happens if you withhold or withdraw your consent:*

There is no obligation for you to consent to this form, however, failure to provide us with relevant information which may impact a student's health or wellbeing may result in [us being unable to adequately safeguard the student]. You may withdraw your consent at any time by notifying us in writing.

By signing this Form:

1. I acknowledge that I have been notified of the reasons why G.A.T.E wishes to process my or my child's health data and the legal basis for doing so under the Guernsey Data Protection Law.

2. I consent to G.A.T.E processing my health data (where I am a student) or my child's health data (where my child is a student) for the Purposes set out above and acknowledge that this may involve the disclosure of such data to certain persons described above on a 'need to know' basis.

3. I confirm that the information contained in the form attached is, to the best of my knowledge and belief, correct and accurate.

Printed name of parent/guardian …….

Signed : …….

Date: …….