Sick List Consent Form

**It is a requirement of the GDPR that that appropriate consent is given for the named individual to appear on the sick list.**

Name to appear on sick list \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the relevant section:

**Consenting to your name appearing on the list**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I give consent for my name to appear on the sick list of the weekly Bulletin until such time that I request it to be removed | 🞏 | 🞏 |
| I give consent for my name to appear on the sick list of the **online** weekly Bulletin until such time that I request it to be removed | 🞏 | 🞏 |

**Consenting on behalf of a minor**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| I am a parent/guardian of the above named minor and give permission for his/her name to appear on the sick list of the weekly bulletin until such time that I request for it to be removed. | 🞏 | 🞏 |
| I am a parent/guardian of the above named minor and give permission for his/her name to appear on the sick list of the **online** weekly bulletin until such time that I request for it to be removed. | 🞏 | 🞏 |

**Consenting on behalf of another adult**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| The above named person is unable to give permission and as such I can confirm that I am a close relative/have a health and welfare lasting power of attorney for that person and give permission for his/her name to appear on the sick list of the weekly Bulletin until such time that I request for it to be removed.  | 🞏 | 🞏 |
| The above named person is unable to give permission and as such I can confirm that I am a close relative/have a health and welfare lasting power of attorney for that person and give permission for his/her name to appear on the sick list of the **online** weekly Bulletin until such time that I request for it to be removed.  | 🞏 | 🞏 |

|  |  |
| --- | --- |
| Signed |  |
| Print Name |  |
| Date |  |