



The Scout Association of Malta

Xghajra Scout Group

Data Protection Act – Minors Form (Under 18)

This form is in accordance with the obligations stipulated by the DATA PROTECTION ACT

Date: _____

I/We the undersigned, choose to give my/our consent to the Group Leaders and to the Scout Association of Malta to collect and gather information that concerns my/our child _____ as follows:

I/We choose to give (mark as appropriate) my/our consent so that the following type of data concerning my/our child is collected:

A. BASIC INFORMATION	I/we give my/our consent	I/we refuse to give my/our consent
i. Contact details such as address and telephone number		
ii. Progress Records – information relating to the training given by the Scout Association of Malta and attained by the child		

B. MEDICAL INFORMATION ¹	I/we give my/our consent	I/we refuse to give my/our consent
Relates to information about medical conditions, both physiological and psychological, that your child suffers from.		

C. PHOTOGRAPHS & VIDEOS	I/we give my/our consent	I/we refuse to give my/our consent
i. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library but are not to be distributed /used in the media		
ii. Photographs (digital and printed) and videos that may be held in albums/ log books/ frames/ library but are to be distributed /used in the media		

D. WEBSITES	I/we give my/our consent	I/we refuse to give my/our consent
Photographs and Videos in which my/our child may appear in and which may be published via the Group or Association Website.		

It has to be noted that websites are accessible from all over the world. In the eventuality that you give your consent in Section D., the Scout Association of Malta guarantees that:

- a. Your child will always be shown wearing decent attire and found in a reputable pose.
- b. That your child's name will not be divulged and that he/she will not be identified in any manner
- c. That no personal contact details will be published enabling third parties to contact or identify your child.

In accordance with the rights legally granted to parents/legal guardians:

¹ Section B (Medical Information) refers to information that is permanently held at the Group and/ or Association Headquarters as long as your child remains a member of the Movement. The Group shall be asking for your consent to retain medical information prior to camps, by means of a health/permit form. These latter forms are destroyed as soon as the activity is over.



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- I/we hold all the rights over any information that the Group holds about my/our child. I/We understand that I/we have the right to withdraw this consent when due to circumstances I/we deem appropriate.
- I/we shall hold responsible the Scout Association of Malta should this information not be retained in a confidential manner and /or forwarded to third parties without my/our explicit consent save for those circumstances as provided for in the Scout Association's Data Protection Policy.
- I/we expect that all the information gathered about my/our child, is held only for the necessary time period and that this information is destroyed once such time period lapses.

I/we understand that in my/our child's own interest, especially when the Group is holding adventurous activities or is staying for prolonged periods away from home, the Group needs important data about my/our child. Thus I/we bind myself/ourselves to ensure that all the information I/we give that concerns my/our child is exact and correct till the day requested. Should I/we refrain from giving this information, which information might be important for my/our child's own safety and well being, I/we accept all the responsibility and consequences that this non-compliance brings about.

Signed:

Parent / Legal Guardian

Name (In block capitals): _____

I.D/ P.Port Number: _____ *Signature:* _____

Parent / Legal Guardian

Name (In block Capitals): _____

I.D/ P.Port Number: _____ *Signature:* _____