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| Young Person’s Name: |  |
| Date of Birth: |  |
| Address:  (Including postcode) |  |
| Project: | **Outdoor Learning Programme – Itchen Valley Country Park** |
| Date: | **February – March 2018** |
| Parent/Guardian Permission:  Your Name:  Your Signature:  Relationship to young person: | I give permission for my child to participate in the above project organised by Youth Options, including all the activities involved. I understand that although staff or leaders in charge of the project/activities will take all reasonable care of participants, they cannot necessarily be held responsible for any loss, damage or injury my child suffers as a result of the event.  …………………………………………………………………………………  …………………………………………………………………………………  ………………………………………………………………………………… |
| Address:  If different from child’s) |  |
| Contact Telephone Number: | Home: ...................................Work: ...................................Mobile: |
| Email address: |  |
| Alternative Contact:  (Emergency only) | Name:……………………………................Telephone Number:............................................. |
| Name of Social Worker  (if appropriate) | Telephone Number: |
| **MEDICAL DETAILS:**  Asthma or bronchitis-----------------------------------------------------------------------------------YES / NO  Heart condition, fits, fainting or blackouts-------------------------------------------------------- YES / NO  Severe headaches or migraine--------------------------------------------------------------------- YES / NO  Epilepsy--------------------------------------------------------------------------------------------------- YES / NO  Anxiety or depression--------------------------------------------------------------------------------- YES / NO  Diabetes-------------------------------------------------------------------------------------------------- YES / NO  Allergies to any known drugs----------------------------------------------------------------------- YES / NO  Any other allergies or reactions (nut allergy, plaster allergy, bee stings)---------------- YES / NO  ADHD----------------------------------------------------------------------------------------------------- YES / NO  Receiving any medical treatment------------------------------------------------------------------ YES / NO  Has your child been given a Tetanus vaccination in the last ten years------------------ YES / NO  Other illness or disability not named above----------------------------------------------------- YES / NO  If you answer ‘YES’ to any of the above, please give full details below including any prescription medication that has or is being taken:  Does your child have any dietary requirements? Please specify: | |
| Name and Address of Family Doctor:  Doctor’s Telephone Number: |  |
| I give my permission for Youth Options to administer medication for minor ailments (paracetamol etc.), and manage any medication that my child takes regularly (asthma medication etc.). I give my consent for Youth Options to apply sun cream and/or mosquito repellent to my child if necessary.  If my child becomes ill or has an accident that requires emergency treatment, I authorise all medical and surgical treatment, X-ray, laboratory, anaesthesia and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.  Your Name: …………………………………………………………………………………  Your Signature: ……………………………………………………………………………  Date: ………………………………………………………………………………………….  **ACCESS:** Is your child disabled? **YES NO**  If ‘YES’, do they have any specific needs that need addressing in order for them to participate fully in the event i.e. wheelchair access, an interpreter or information in large print?  **SWIMMING ABILITY**: Is your child able to swim 50m unaided? **YES NO** | |
| **SAFETY, INTERVENTION AND RESTRAINT**  Youth Options aims to provide a safe, secure environment for all young people participating in its events. Risk assessments will be undertaken for all activities and all young people will be supervised during the event.  Young people participating in this project are considered to be responsible for their own actions. By signing this form you accept that your child will abide by the rules of the event; failure to do so may result in the young person being sent home or excluded from the event. | |
| **ADDITIONAL INFORMATION**  Youth Options regularly takes photos and videos of visitors and activities for publicity purposes. Before taking images of children under the age of 16, we need parent/guardian permission.  May we use images of your child for publicity purposes in brochures, press releases, on social media or on our website?  **YES NO**  **I give permission for**…………………………………………………………………………………. (**Name of young person**)   1. To take part in the **Youth Options** Programme and one-to-one sessions 2. And for **Youth Options** to share information about this young person between relevant agencies if it is in the best interests of this young person; and request information from other Agencies, eg school attendance, in order to measure the effectiveness of our projects 3. And for **Youth Options** to process and hold information about this young person   **Name** (of person with parental responsibility):……………………………………………………………………………………..  **Your signature:**………………………………………………. (Person with Parental Responsibility) **Date:**……………………  If you change your mind, please inform Youth Options.  If you require any further information on this form or any other Youth Options policy  Please contact Youth Options on 01794 525510 | |