

Activity/Project Details			
Project:			
Date:			
Young Person Details			
Young Person's Name:			
Date of Birth:		Gender:	
Address: (Including postcode)			
Parent/Guardian Details			
Your Name:		Relationship to young person:	
Address: (If different from child's)			
Home phone number:		Mobile number:	
Work phone number:		E-mail address:	
Place of Work (Company Name)			
Emergency Contact Information			
Alternative Contact Name:		Relationship to young person:	
Mobile number:		Home number:	
Name, address and phone number of Family Doctor:			
Social Worker name (if applicable)		Phone number:	
Medical and Access Details			
Has your child ever experienced any of the following:	YES / NO	If yes, please provide further details including any medication being taken (continue on extra sheet if necessary)	
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		
Any other mental illness	YES / NO		
Diabetes	YES / NO		
Allergies (including to any known drugs, foods, plasters, bee stings)	YES / NO		
ADHD	YES / NO		
Autistic spectrum disorder	YES / NO		
Other illness or disability not named above	YES / NO		
Is your child currently receiving medical treatment?	YES / NO		
Has your child had a Tetanus vaccination in the last ten years?	YES / NO		
Does your child have a disability?	YES / NO		
If 'YES', do they have specific needs to support them to participate? (e.g. wheelchair access/interpreter/large print information)			
Does your child have any specific behavioural issues?	YES / NO		

<b>Medical and Access Details Continued</b>	
Does your child have any dietary requirements? YES / NO	Please Specify:
SWIMMING ABILITY: Is your child able to swim 50m unaided? YES / NO	
<b>Medical/Welfare Consent</b>	
I give my permission for Youth Options to administer medication for minor ailments (paracetamol etc.), and manage any medication that my child takes regularly (e.g. asthma medication). YES / NO	
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. YES / NO	
<b>Tick Removal</b> - Due to the nature of the setting, Forest School; children may occasionally find ticks. It is recommend that you check for these at the end of each day, particularly in the Spring /Summer months, also that these be removed as soon as possible in an appropriate manner, ie with a tick remover. I give my permission for a Youth Options member of staff who have been suitably trained, to remove a tick from my child. YES / NO	
I give my consent for Youth Options to apply sun cream and/or mosquito repellent to my child if necessary. YES / NO	
<b>Additional Information</b>	
By signing this form you are giving permission for your child to participate in the above project organised by Youth Options, including all the activities involved. You are also confirming that you 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 your child suffers as a result of the event.	
<b>Safety Intervention</b> 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.	
<b>Data Protection</b>	
Data Protection (GDPR) legislation. To review your rights about personal information held about you or your child or withdraw your consent to hold the information, please visit Youth Options website / 'Privacy Statement' <a href="http://www.youthoptions.co.uk">www.youthoptions.co.uk</a>	
<b>Parent/Guardian Consent</b>	
I give permission for..... (Name of young person)	
Please tick to consent to:	
To take part in the Youth Options Programme and one-to-one sessions	<input type="checkbox"/>
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	<input type="checkbox"/>
For Youth Options to process and hold information about this young person as per GDPR legislation	<input type="checkbox"/>
Name (of person with parental responsibility):.....	
Your signature:..... (Person with Parental Responsibility)	Date:.....
<b>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</b>	
<b>Young Person Consent (to be signed by all young people aged 13 years +)</b>	
I consent to Youth Options processing and holding information about me as per GDPR legislation	<input type="checkbox"/>
I agree to take responsibility for my actions and follow the rules	<input type="checkbox"/>
Name:.....	
Your signature:.....	Date:.....