

YOUNG CUMBRIA HEALTH & CONSENT FORM

For one-off activities, trips, events and residential



NAME OF ACTIVITY/EVENT: BLACKPOOL PLEASURE BEACH

DATE: SUNDAY 21ST JULY 2013

Please complete the following form in full using block capitals and return it to a Young Cumbria member of staff by the date requested. This personal information and consent form will be kept securely.

1. PARTICIPANT PERSONAL DETAILS

First Names:	Family Name:
Address:	Home No:
Post Code:	Mobile No:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

2. HEALTH & MEDICAL INFORMATION

If you have any doubt what so ever about completing this part of your form, please consult your Doctor

Does the participant have any of the following conditions? (please tick those that apply)

<input type="checkbox"/> Back problems	<input type="checkbox"/> High Blood Pressure
<input type="checkbox"/> Knee or ankle problems	<input type="checkbox"/> Heart Conditions
<input type="checkbox"/> Asthma/Hay Fever	<input type="checkbox"/> Diabetes
<input type="checkbox"/> Prone to fainting	<input type="checkbox"/> Physical Disabilities
<input type="checkbox"/> Prone to dizzy spells	<input type="checkbox"/> Mental Disabilities
<input type="checkbox"/> Infectious Disease or contact with in the last 3 weeks	<input type="checkbox"/> Epilepsy
<input type="checkbox"/> Allergies	<input type="checkbox"/> Ear problems
<input type="checkbox"/> Coeliac Disease	<input type="checkbox"/> Travel Sickness

If you have answered yes to any of the above, please provide more information below:

Any other allergy or medical condition not listed (please give details):

Has the participant had a Tetanus in the last 10 years? Yes No

Please provide any information regarding medication or medical treatment that the participant may need to take during the activity:

(please give the name of the medicine, dosage and how often it is taken)

If any of the medicines named above need to be taken whilst the participant is on the activity/event, it is their own responsibility to administer the medicine

Family Doctor Information:

Doctor's Name:	Doctor's Contact No:
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Doctor's Address:

Any specific dietary needs (vegetarian, vegan, nut/any food allergies):

Please give details of any other support needs that Young Cumbria should be aware of to ensure a safe and enjoyable involvement in the activity:

3. EMERGENCY CONTACT DETAILS

It is essential that contact details are given for someone who will be available throughout the duration of the activity in case of emergency or cancellation

Name:	Relationship to participant:
Address:	Home No:
	Mobile:

4. PROTECTIVE EQUIPMENT

For some outdoor projects the participant may need to wear personal protective equipment such as climbing helmet, body harness or life jacket. Please state below any reason why they **MAY NOT** be able to wear such equipment:

If you are unsure about this question please discuss it with the activity leader

5. SWIMMING ABILITY

The activity may offer your child the opportunity to swim under supervision. Please tick the most appropriate statement:

NON SWIMMER POOR AVERAGE GOOD

6. DECLARATION

- In the event of the named participant being taken ill or injured, I authorise the leader present to administer first aid and accompany them to hospital if required. I authorise for them to receive medical treatment and medication as instructed and any emergency dental, medical or surgical authority, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present
- I understand that during the activity/event the participant is expected to abide by the safety instructions issued by Young Cumbria or those acting on their behalf
- I understand that any costs for damage caused by the participant will normally be passed on to them or their parent/guardian
- I acknowledge the need for the participant to behave responsibly and to adhere to an agreed Code of Conduct whilst working with Young Cumbria
- I understand that during the activity/event, the participant will be in the charge of the leaders present and under their instructions and I accept that they will be sent home if in the opinion of the leader in charge, their behaviour is unacceptable and it is their or their parent/guardian responsibility to collect them and/or make suitable arrangements at their own cost
- I agree to the organisers of the programme making contact by letter/phone/email with further details of the programme and for monitoring/future offers of further development opportunities

CONSENT FOR PARTICIPATION

I confirm that I have read and understood the above and;

I give permission for the named participant to participate fully in this activity/event.

I give permission for photo/film taken during the activity/event to be used in a presentation board/report/website/promotional literature to promote the youth work and activities and understand that it may be passed to participants as a memento of their contribution.

I give permission, on behalf of the above named participant, for their details to be securely stored at Young Cumbria. I understand that these details will be part of the information Young Cumbria must share with their funders.

Signed:

(If the participant is under 18 years of age this must be signed by a person with parental responsibility)

Name in Capitals:	Date:
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