

Young Unitarian People



Personal Information Form (updated January 2012)

Please could you complete the following form and return it (together with your booking form) to John Harley at **Essex Hall**. It is **ESSENTIAL** that this form is completed and returned in order to attend the weekend. All information provided will be treated in the strictest confidence.

Name of youth event: _____ date: _____

Name of Child: _____ Date of Birth: _____ Male/female _____

Address: _____

Name of Parent/Carer: _____

Tel no: Day _____ Eve _____ mobile _____

Contact Address (if different from above): _____

Name of GP: _____ Tel No: _____

Address: _____

NHS No: _____ Date of last anti-tetanus injection: _____

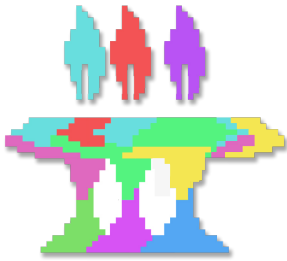
Details of any illness/disability: _____

Details of any medication required during the youth event (all medication to be labelled correctly and clearly with name and dose needed each day)

Details of any allergies or special dietary requirements

Has he/she any special needs/ behavioural/mobility difficulties? –

Please provide any other information which may be useful to the main leaders?



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Consent

Whenever medical advice or treatment is needed, the assistance of a GP or A&E Department of a hospital should be sought. The Children Act 1989 allows a doctor to provide any necessary treatment by doing 'what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare'.

However, the parent/carer should be contacted and advised of the situation as soon as possible. It is important, however that those caring for children and young people on day trips, outings and residential activities obtain in advance from the parent/carer:

1. All necessary information concerning the child/young person's health, allergies, medication etc.
2. Written agreement as follows:

I understand:

- My child will receive medication as instructed before or during the event.
- Every effort will be made to contact me as soon as possible should my child become ill or have an accident.
- My child will be given medical/dental treatment as necessary.

Signed (parent/or adult with parental responsibility) _____

The information requested on this form can be completed by a carer, but only those with parental responsibility can sign the consent (NB This may not include a foster carer).

This form will be kept securely by one of the youth leaders and brought to the event. A photocopy of the form should be kept securely at the place of worship/organisation.

Communicating with children and young people

Children and young people communicate via telephone, mobile, email and the internet. Do you give permission for children/youth workers to communicate via these methods to your child? E.g., contact via email with changes to the youth meeting times.

I give permission for my child and the youth/children's workers to communicate using telephone, mobile, email, or internet for the purpose of arranging children/youth activities.

(Please delete forms of communication you don't want your child contacted by)

Signed (parent/adult with parental responsibility) _____ date _____