

**Please complete all parts of this form**

**Without this form your child will NOT be able to participate in the activity**

*This form will be kept in a locked cabinet or kept with a leader throughout any trip. Forms need redoing yearly or when Personnel/medical needs change.*

**Young person contact details**

Name: .....

Date of Birth: ...../...../.....

Address: .....

.....

.....

Postcode: .....

Telephone number: (.....).....

Parent/carer name .....

**Medical Information**

Does your child have **any** medical conditions? YES  NO

(that may be affected by this activity, or in the interests of their safety)

If yes tick relevant box: ALLERGY  ASTHMA  DIABETES

EPILEPSY  OTHER

Please give details of **any** medication your child is currently on: *(use the back of this form if necessary)*

.....  
.....

Doctors name and address .....

Telephone .....

Please delete as appropriate - My child **can / cannot** swim

Do you receive Free school meals If Yes Please tick box

Do you have **any** special dietary requirements/Food Allergies

.....

**Parent/Carers Please Read this and sign if you give consent**

- I understand that while at clubs or away with YMCA, he/she will be under the control and care of the group leader, and/or other adults approved by YMCA South Molton.
- While the staff in charge of the party will take all reasonable care they cannot necessarily be held responsible for any loss, damage or injury suffered by my child, arising from their participation on this trip.
- I understand that YMCA youth clubs are open youth clubs meaning young people may come and go, unless asked by parent/carer to prevent this and to contact them if their child leaves the building
- I understand that should my child require any emergency treatment owing to illness or injury and I am not available to give my consent, the doctor or surgeon concerned can decide on appropriate treatment, especially if my child's health or safety is at risk.
- I give permission for YMCA South Molton supply sun cream for my child to self-administer, if necessary and take photographs or video my child for publicity and promotional purposes.
- I consent to these details being held on file and take responsibility for update the YMCA of any changes that occur.
- I give my consent for information to be shared with and from other agency regarding child safety and protection – this will be done confidentially and only with those that need to know.

Signed: ..... Print Name:.....

Date: ...../...../.....

Home number: ..... Mobile: .....

Emergency contact name and number:  
.....

**Young Person's Declaration**

I understand that I will be under the control and care of the group leader, and/or other adults, and I will co-operate with them on activities at all times.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Please keep a copy of these contact details:**

YMCA South Molton Office: 01769 579547

Email: Amy.somerwill@ymcasouthmolton.org.uk

