

LONDON BOROUGH OF SUTTON

Integrated Services for Young People (ISYP)

PARENTAL CONSENT FOR
RESIDENTIALS, OUTINGS, HAZARDOUS ACTIVITIES etc.

Off-Site Education Visit Form EV3a



Sutton Youth Service
The Quad
Carshalton SM5 1JW
Tel: 020 8770 5754

IMPORTANT: Please keep this page for your records.

NOTE TO PARENTS / CARERS

Please be aware that by completing this form, you are confirming that should your son / daughter / young person behave inappropriately or fall ill during the activities, you will make arrangements for them to be collected and taken home.

If you have any concerns about this, please call Integrated Services for Young People on 020 8770 5754.

Completion of this form does not guarantee a place on each of these activities. You / your child will receive a letter to confirm their place. This letter will confirm the dates and times of the activities.

Please be aware that activities and timings are subject to change. Further details, such as meeting points for trips, will be confirmed in your confirmation letter.

Programme/activity: Youth FM Celebration Event

Location: Youth Zone, Phoenix Centre, Wallington, SM6 9NZ

On / From-To: Tuesday 31st May 2016, 6.30pm - 9.30pm

Mode of Transport: n/a

Name of Party Leader(s): Jo Tiernan

Additional Information: Please be aware that you do not need a referral to attend this event.

Programme/activity: Activity Day

Location: The Quad, Green Wrythe Lane, Carshalton, SM5 1JW

On / From-To: Thursday 2nd June 2016, 11am – 3pm

Mode of Transport: n/a

Name of Party Leader(s): Reiss Bowen

Additional Information: Meeting places and times to be confirmed.

Programme/activity: Trip to Omescape - Escape Game

Location: Omescape, All Saints, Carnegie Street, London, N1 9QW

On / From-To: Friday 3rd June 2016, Times TBC

Mode of Transport: Public transport

Name of Party Leader(s): Danny Thomas

Additional Information: n/a

Please read and complete all of the questions on this form

TRIP DETAILS

Programme/activity: Youth Offer May / June Half Term Programme

Location: various, see pages 1 and 2

On / From-To: Tuesday 31st May - Friday 3rd June 2016

Mode of Transport: various, see pages 1 and 2

Name of Party Leader(s): Craig Edmunds

I _____ father / mother / legal carer of

(Name of young person) _____ Date of birth: ____/____/____

Having read the information provided / been informed about the above activity, agree to them taking part.

MEDICAL CONDITIONS

1.	Does your child follow any special diet or have any food allergies? (please give details)	YES/NO
2.	Does your child have or suffer from any of the following? (please delete as applicable)	
	◆ Travel Sickness	YES/NO
	◆ Asthma, Bronchitis, Hay Fever	YES/NO
	◆ Heart Condition	YES/NO
	◆ Fits, Fainting or Blackouts	YES/NO
	◆ Severe Headaches or Migraine	YES/NO
	◆ Anaemia	YES/NO
	◆ Anxiety or Depressive tendencies	YES/NO
	◆ Diabetes (sugar tolerance abnormalities)	YES/NO
	◆ Eczema	YES/NO
	◆ Allergies to any known drug e.g. Penicillin	YES/NO
	◆ Any other allergies e.g. material, food, medicine, skin treatments	YES/NO

◆ Food problem e.g. anorexia	YES/NO
◆ Addiction to drugs or alcohol	YES/NO
◆ Menstrual or other gynaecological disorders	YES/NO

	<p>If the answer to any of the above is YES, please give details together with advice regarding any medication (all medicines should be clearly labelled). Your child would normally be expected to administer their own medicine. If you wish otherwise you will need to agree an arrangement with the party leader as staff are not authorised to administer medicines except in exceptional circumstances and with training.</p> <p>Name of Drug: _____</p> <p>Reason Given: _____</p> <p>Dosage: _____</p> <p>Times Given: _____</p> <p>Method of Administration: _____</p>	
3.	When did your child last have a tetanus injection? _____	
4.	Does your child have any disabilities or special educational needs that we should be aware of?	YES/NO
	◆ If yes, please give details below	
5.	Is your child receiving medical or surgical treatment from your family doctor or hospital and/or has s/he been given specific advice to follow in emergencies	YES/NO
	◆ If yes, please give details	
6.	To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious/infectious	YES/NO
	◆ If yes, please give details	
7.	Is your child allergic to any medication?	YES/NO
	◆ If yes, please give details	

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8.	Can your child swim? If so, how far _____	
9.	<p>Please give your family doctor's name, address and telephone number:</p> <p>Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Tele No: _____</p>	
10.	Are there any activities which form part of the proposed programme in which your child should not participate for health reasons (failure to disclose could invalidate insurance cover)?	YES/NO
	If yes, please give details	
11.	I confirm that the above information is correct and shall advise the Party Leader should my child develop any medical problems between now and departure.	

CONTACT INFORMATION

To ensure that parents / legal carers may be contacted in the event of emergency or delays, please complete the section below. If it is not possible to contact parents / legal carers by telephone, please give the name, address and telephone number of two neighbours / relatives / friends, where an urgent message may be left.

Parent / Legal Carer

Name: _____

Address:
(incl. Postcode) _____

Home Tele number: _____ Work tele number: _____

Mobile number: _____ E-mail address: _____

Alternative Emergency Contacts

1st Contact Name: _____

Relationship: _____

Address: _____

Home tele number: _____

Other tele number: _____

2nd Contact Name: _____

Relationship: _____

Address: _____

Home tele number: _____

Other tele number: _____

DECLARATION

Please read carefully

I understand that alterations to the above arrangements may be necessary. Whilst the staff in charge will take all reasonable care of the young people, I understand, and have explained to my child, that s/he will be required to obey the instructions and advice of the party leader and other accompanying adults and will be subject to the unit's general code of behaviour. I understand that Integrated Services for Young People cannot be held responsible for any loss or damage to property suffered by my son / daughter / ward during or arising out of the residential / outing / activity other than that due to negligence of the Council or any of its employees.

I agree to pay for any damage which may be caused by the misconduct or carelessness of my child to the person or property of any other party or parties. I will indemnify the party leader of the activity in respect of any expenses reasonably incurred in consequence of any accident to or illness of my child.

I understand the Insurance arrangements in place which **do not** include cover for personal belongings. I understand that I may take out insurance cover for additional personal accident and personal belongings by making my own arrangements.

My child is in good health and I consider s/he fit to take part in the programme. In the event of an accident or illness I understand that every effort will be made to contact me, but if this fails I authorise the above-named leader to consent to any emergency dental or medical treatment including inoculations, surgery or blood transfusions, as considered necessary by the medical authorities present.

Parental consent for the use of images: to protect our young people, we do not publish their full name and photograph together, we ensure young people are appropriately clothed for photographs and we do not allow commercial or media photographers' unsupervised access to young people. In signing this form, parents give consent for the Integrated Services for Young People or someone commissioned by the Integrated Services for Young People to take and use photographs and video recordings for educational purposes, to record events and to publicise the work of the Youth Service on our website, in marketing materials and in local or national media. Images may also be used on social media (such as Facebook and Twitter), but full names will not be posted with them.

Signed: _____
Mother / Father / Legal Carer

Date: _____

Full Name: _____