



Outdoor education with Achieving for Children (AfC) Youth Services Young person/Adult medical consent form

Please Tick as appropriate	Young Person <input type="checkbox"/>	Adult <input type="checkbox"/>		
Full Name			Known as	
Date of birth		Age		Male/Female
Full address				
Name of parent or guardian				
Postcode				
In case of emergency during activity phone number			Other (Compulsory)	
Course name				
Email address				

Activity information

- I agree to myself/my child attending water sports **yes / no** climbing **yes / no** archery **yes / no** off road cycling **yes / no** travel by minibus **yes / no** Duke of Edinburgh's Award **yes / no** (*The British Mountaineering Council recognise that climbing and mountaineering are activities with a danger of injury or death. Participants in these activities should be aware of and accept these risks and be responsible for their own actions and involvement*)
- Achieving for Children recognise that the environment and activities have the potential to cause injury or death. Participants/guardians in these activities should be aware of and accept these risks and be responsible for their own or their child's actions and involvement under the guidance of qualified staff. Please tick that participant or guardian agrees to this statement.
- I have ensured that I/they understand the importance of safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
- I accept that I may be required to bear the cost of any loss or damage that I/they cause which is not covered by the organisation's insurance.
- I agree that during the activities photographs may be taken of which myself/my child may be included and I agree for these photographs to be used in publicity used for the organisation.
- I can confirm that I/my child is able to swim (or water confident) **yes / no** distance in meters _____

Medical information: This information is extremely important; please give as much detail as possible using a separate sheet if necessary.

- Do you/your child suffer from any conditions requiring medical treatment, including medication? **yes / no**
If yes, please give brief details:
- Are you/your child currently taking medication or required to take medication on a regular basis? **yes / no**
If yes please give brief details:
- If the answer to the above question is yes, please state the name of the prescribed medication and how regularly it needs to be taken:
- Do you/your child self-administer any such medication? **yes / no**
If yes, please give brief details:
- Have you/your child suffered from anything in the last four weeks, which may be or become contagious or infectious? **yes / no**
If yes please give brief details:
- Please give any additional information, which you would like us to have about yourself/your child.
- Do you/your child have any special dietary requirements/food allergies? **yes / no**
If yes please give brief details:
- Please give details of yourself/your child family practitioner.

Name: _____

Telephone: _____

Declaration

1. I authorise a member of the organisation's staff who holds a first aid qualification, to administer emergency first aid treatment where this is absolutely necessary in the event of a serious emergency if it would not be possible for such treatment to be administered by a qualified medical practitioner.
2. In the event of illness or an accident requiring emergency medical treatment, I agree to **yourself/your child** receiving treatment including anaesthetic as considered necessary by the medical authorities.
3. I agree to this treatment being authorised by a member of the organisation's staff, who may sign any written form of consent required by hospital authorities should a surgical operation or serum injection be deemed necessary and providing that the delay required obtaining my signature might be considered by a doctor likely to endanger **yourself/your child's** health or safety.
4. I do not agree to **myself/my child** receiving the following medical treatment:
5. I understand that approved staff and voluntary workers will take all reasonable care of **you/your child**, but cannot be held responsible for any loss, damage or personal injury suffered by them.

Signed

Date

(Parent, Guardian, Individual over 18 years of age)

Equal opportunities monitoring

The following information is used to help us meet the needs of all people who attend activities at Albany Outdoors.

Only complete this section if you wish to assist us in this way.

I would describe my ethnic decent as (please mark box appropriately)

White	<input type="checkbox"/> British <input type="checkbox"/> Eastern European <input type="checkbox"/> Irish <input type="checkbox"/> Other White background	Mixed	<input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Asian <input type="checkbox"/> White and Black African <input type="checkbox"/> Other mixed background
Asian or Asian British	<input type="checkbox"/> Indian <input type="checkbox"/> British <input type="checkbox"/> Afghan <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/> Tamil <input type="checkbox"/> Other Asian Background	Black or Black British	<input type="checkbox"/> Caribbean <input type="checkbox"/> African <input type="checkbox"/> British <input type="checkbox"/> Other Black background
Other Ethnic Background	<input type="checkbox"/> Chinese <input type="checkbox"/> Korean <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Gypsy/Traveller/Romany <input type="checkbox"/> Vietnamese	Prefer not to say	<input type="checkbox"/> (Unknown/Not specified)

Personal Information Policy

Achieving for Children (AfC) respects your privacy rights and is committed to ensuring that it protects your details, the information about your dealings with AfC and other information about you available to AfC (your information).

AfC will use your information to:

- deal with your requests and administer its functions (e.g. to assist in providing you with youth services).
- meet its statutory obligations
- prevent and detect fraud
- conduct surveys and research
- contact you with information about activities and events involving AfC or with offers which it thinks may be of interest to you.

AfC may share your information (but only the minimum amount necessary to do the above and only where it is lawful to do so) with departments within Kingston and Richmond councils (including the elected members), central government departments, law enforcement agencies, statutory and judicial bodies, community services providers and contractors that process data on its behalf.

You have a right to see your information (subject to certain exceptions and the payment of a fee). If you have any requests concerning your information or any queries with regard to AfC's processing, please contact the **Youth Service** on **020 8891 7537**. Please also let us know if your details change by calling this number so that we can correct your information.

For official use only	Version December 2016
Recorded outcome	Yes No
Qualification gained	
Date entered on QES	