

PARTICIPANT INFORMATION/CONSENT FORM

EVENT: Swimming @ Sandcastles waterpark Blackpool

Tuesday 2nd April

11:30-4/4:30pm

Young people will meet at Blackburn Youth Zone and travel by mini-bus

Please bring appropriate swimming wear and a packed lunch.

The cost of this trip will be £3

SECTION 1: PERSONAL DETAILS

Name: _____ Date of Birth: _____

Address: _____

Emergency Contact Name (1): _____

Tel No: _____ (day)

Emergency Contact Name (2): _____ Tel No: _____

SECTION 2: MEDICAL HISTORY

Has the participant been in contact with any infectious illness in the last 4 weeks? Yes/No

Does the participant suffer from asthma, hay fever, migraine, fits, faints or any other illness?
Yes/No

Is the participant allergic to anything? (Antibiotics, plasters, penicillin, other medicines or any particular food)

If yes, please give details: _____

Is the participant receiving medical treatment at present?

If yes, please give details: _____

Date of last tetanus injection, if known: _____

Doctors Name: _____

Doctors Tel No: _____

SECTION 3: SPECIFIC REQUIREMENTS

Does the participant have any specific requirements to enable full participation in the events e.g. wheelchair access, large print, interpreter?

If yes, please give details: _____

Does the participant have any specific dietary requirements e.g. vegetarian, low cholesterol, gluten free, halal?

If yes, please give details: _____

SECTION 4: ADDITIONAL INFORMATION (please continue on additional sheet if required)

I hereby give permission for _____ to be take part in this half term activity by Blackburn Youthzone staff and in the case of injury or accident requiring medical/dental treatment, I authorise the leader in charge to consent to any necessary treatment. I understand that photographs may be taken of my child and may be used in future publicity materials by Blackburn Youthzone.

Participant Name:

Parent/Guardian Signature :