

Name of trip/ activity date

Parents/ Guardians Signature

Clip n Climb Maryport	17/02/2016	
Young Carers Conference ages 15-19	30/03/2016	
Caving @ the wave Maryport	31/03/2016	
Uni of Cumbria fun day ages 8-11	04/04/2016	
Caving @ the wave Maryport	06/04/2016	

Young persons name _____ Date of birth _____ Age _____

Address _____

Contact phone number (For parent/guardians) _____

Alternative Emergency contact _____

Medical info.

Name of family doctor _____

Doctors address _____

Doctor's Phone number: _____

Child's health:

1. Is your child on medication? YES NO

If YES, please give details:

Are they bringing medication with them? YES NO

If yes please give details

2. Please tick box if your child:

has epilepsy, convulsions or Petit Mal, or is on treatment for them

has Diabetes

has asthma

has heart disease

Is recovering from an accident, injury or broken limb, has had a serious illness (eg Bronchitis, chest infection, Influenza, discharging ear, Urinary infection etc) in the last two months. If YES, please give details:

3. Please give details of any allergies your child has (e.g. any foods, plasters, face paints, sun cream):

4. Please give details of dietary problems:

5. Photographs/ video footage taken on trips may be used for funding and publicity reasons, e.g. West Cumbria Carers or our funders leaflets, newsletters and websites do you consent to allowing the organisation to use your child's photo/ video footage of your child for these purposes?

YES NO

6. Does your child follow a special diet (eg Vegetarian, Vegan, Halal, Kosher etc) Please give details if applicable:

7. If your child complains of headache, or other mild pain, can they be given the recommended dose of paracetamol? YES NO

8. Please give any further information that you feel we should know to help us safeguard your child's health and well-being during the trip/activity:

9. If the activity involves water sports or swimming, please indicate child's swimming proficiency:

non-swimmer can swim pool width can swim pool length

I consent to my child _____ attending the above trip/activity. I am satisfied that s/he is fit to attend the course. I have read all information supplied by the Young Carers Project and I agree to my child taking part in any or all of the activities described.

In the unlikely event of my child needing emergency medical treatment or first aid treatment during the trip/activity I agree to this being administered, unless I have indicated otherwise on this form.

If my child's health changes after I have filled in this form, I will inform the Young Carers Project before the trip/activity.

I understand that the information on this form will be used for the purpose of providing West Cumbria Young Carers with health and other information about my child to permit his/her participation in the above trip/activity. The information will not be provided to third parties, except as necessary for my child to receive first aid or medical attention or as we otherwise deem necessary for his/her safe participation in the trip/activity. West Cumbria Young Carers will keep this form on file for approximately 3 months following the date of the activity/trip, after which it will be destroyed. I acknowledge and consent to the use of the information as explained above.

Signed: _____ Print name: _____

Date: _____ Relationship to child _____