

Child / young person's details

Name _____
Date of Birth _____

Allergies (food / drink / medicine) _____

Medical conditions / disabilities
*(please be specific e.g. seizure
Lasts 2 mins with 6 min recovery)* _____

Additional support needs /
behavioural issues / calming
strategies _____

Medicines (including time / dose) _____

Can your child / ward self administer the medicine? YES / NO
Can your child / ward look after their own medicine? YES / NO

Address _____

Phone number _____
Mobile number _____
Email address _____

Emergency Contact Details 1

Name _____
Mobile Number _____
Work Number _____
Home Number _____
Relationship _____

Emergency Contact Details 2

Name _____
Mobile Number _____
Work Number _____
Home Number _____
Relationship _____

Social Worker

Name _____
Mobile Number _____
Work Number _____

PLEASE COMPLETE AND SIGN THE DECLARATIONS OVERLEAF

Before signing this consent form it is important that you understand: **please delete as appropriate*

- 1 That whilst the supervisory adults in charge of the group will take all reasonable care of the young person, neither they, nor the Authority, can necessarily be held liable in respect of loss of or damage to the property or injury suffered by the young person arising out of the educational visit or journey, unless such loss, damage or injury results from the negligence of the Council, its employees or official volunteers
- 2 I ***give / do not give permission** for my child / ward to take part **CiCC Youth Club** meetings and events.
- 3 I ***agree / do not agree** to my child / ward receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. In all cases every effort will be made to contact parents in the first instance so long as time allows.
- 4 I ***give/do not give permission** for my child / ward to receive pain relieving medication when appropriate (one dosage of paracetamol only).
- 5 I ***give / do not give permission** for the taking of photographs and videos of my child / ward to be used on publicity and promotional materials by Bedford Borough Council and event partners.
- 6 I ***give / do not give permission** for my child / ward to travel unaccompanied to **CiCC Youth Club** meetings / events in licensed taxi's (BBC will cover the cost of taxi's if other transport from parents / friends is unavailable)

Signed Child / Young Person _____ date _____
Print Name _____

Signed (parent / guardian / carer) _____ date _____
Print Name _____
Relationship _____

Please return both pages to

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Engagement and Development
Bedford Borough Council
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Cauldwell Street
Bedford MK42 9AP

Or Fax to 01234 276301 (44301)

Or scan and email to emma.sparrow@bedford.gov.uk