



ANNUAL Young Carers Trips, Activity & Event
Consent & Medical Information Form
2015

Full Name of Young Carer:

Date of Birth:

Age:

Name of Parent/Guardian:

Address:

Postcode:

Home No:

Work No:

Parent Mobile:

Young Carer Mobile:

Email Address:

Parent/Young Carer (please delete)

Second

Contact Name:

Relationship:

Home No:

Mobile No:

Doctor's Name & Address:

School Attended:

Is any current medical treatment being received by your child? (Ailment and medication)
(This includes ASTHMA)

Does your child have any allergies (e.g. Nuts, Bee Stings, Penicillin)? If so what action is
required (e.g. Antihistamines or Epi Pen)?

Are there any special dietary needs (including medical or religious) that we should be aware of?

Has your child any additional needs? Please describe how this affects your child (any fears, special needs or anything else).

Is there anything else we should be aware of that may affect medical treatment in an emergency (e.g. religious or ethical issues)?

We request that where possible you transport your child to and from venues/ pick up points. Saving on transport will help us provide a wider range of trips and activities. We are able to pay mileage expenses.

1. I give my consent for my child to participate fully in activities organised by Carers in Hertfordshire's Young Carers Service until the end of January 2016.

2. I give consent for my child to be given basic First Aid treatment.

3. I give consent for any emergency medical treatment necessary and therefore authorise the Activity Leader to sign on my behalf any written form of consent required by the Hospital Authorities should any medical treatment be necessary and provided that I am absent and every effort has been made to contact me.

4. I give my consent for photographs taken at events and activities and those supplied by me, to be used in displays or promotional material, including websites and social media, by *Carers in Hertfordshire*.

5. I agree to receiving text messages for the purpose of updating and confirming activities or services from Carers in Hertfordshire.

6. I will inform Carers in Hertfordshire of any changes to this information prior to my child attending any activity or event.

Signature:

Date:

Print Name:

Relationship:

Young Carer's Name:
