

Activity – Parkour free use Session **Dates** from 31st October 2011 till 31st October 2012

VENUE - Devonway Youth Centre and Kingston Upon Thames

Participant Details

Name of Participant _____

Address _____

_____ Postcode _____

Date of Birth _____ Age _____ Male/Female (delete)

Contact Tel No _____ Other _____

Email address _____

Emergency Contact Details

Name of Parent/Guardian/Next of Kin _____

Address _____

_____ Postcode _____

Contact Tel No _____ Other _____

Activity Information

1. I agree to my son/daughter attending the event and to his/her participation in any of the activities.
2. I have ensured that he/she understands the importance for his/her safety and the safety of the group of complying with the rules and instructions given by the staff in charge.
3. I accept that I may be required to bear the cost of any loss or damage that he/she causes which is not covered by the organisation's insurance.
4. Photographs and video recording may occasionally be taken by RBK staff for use in publicity material. If you do not wish your child's photograph to be used in this way please mark a cross in this box

Medical Information –

This information is extremely important, please give as much detail as possible using a separate sheet if necessary

1. Does your son/daughter suffer from any conditions requiring medical treatment, including medication?
YES/NO – If yes please give brief details: _____
2. Is your son/daughter currently taking medication or required to take medication on a regular basis?
YES/NO – If yes please give brief details: _____
3. 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:

4. Does your son/daughter self-administer any such medication?
YES/NO – If yes please give brief details: _____
5. Has your son/daughter suffered from anything in the last four weeks which may be or become contagious or infectious?
YES/NO – If yes please give brief details: _____
6. Please give any additional information which you would like us to have about your son/daughter.

Kingston Youth Service
Activity Consent Form



8. Please give details of your son/daughters Family Practitioner

Name _____ Telephone _____

Practice Name _____

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 my son/daughter 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 to obtain my signature might be considered by a doctor likely to endanger my son/daughters health or safety.
4. I do not agree to my son/daughter receiving the following medical treatment.

5. I understand that approved staff and voluntary workers will take all reasonable care of my son/daughter but cannot necessarily be held responsible for any loss, damage or personal injury suffered by him/her

I also agree to bear the cost of any loss or damage caused by my son/daughter which is not covered by the Organisation's insurance.
6. I give my permission for this information to be kept on the Youth Support Service database.

Signed _____
Parent or Guardian

Date _____