

OA4 Off-Site Activity Medical, Consent and Media Form

Important: This form must be completed by the parent or guardian if the participant is under 18 years of age and by the participant if they are over 18 years of age.

NAME of participant (Block Capitals):	
Address:	
Post code:	
Date of Birth:	
M/F:	

DOCTORS name:	
Address:	
Post Code:	
Telephone No. (inc. STD):	
Details of last Tetanus injection date:	
OR, have you had one in the last 10 years?	

It is the parents' or carers' responsibility to ensure that ALL parts of the form are up to date and completed with ALL relevant information that may affect a young persons health and/or behaviour on the programme.

Please give details of any medical conditions, such as diabetes, epilepsy or allergies to medication, history of broken bones, plasters, etc, any medication currently being taken **and any triggers** that may bring on the condition.

Please give details of any disabilities or extra learning needs **with any triggers** that the staff need to be aware of.

Details of any special dietary requirements.

Emergency Contact 1: during period of activity

Name:	
Tel. No:	
Relationship to Participant:	

Emergency Contact 2

Name:	
Tel. No:	
Relationship to Participant:	

Use of media (young people's images)

Achieving for Children's Youth Service may use images of young people for publicity in line with the AfC Code of Practice.

I have read and understood the media statement and give my permission for (please tick as appropriate):

- The use of an image(s) involving my young person or me
- The use of an image(s) involving my young person or me in conjunction with personal data (such as full name)
- Please tick here if you do not wish images of your young person or you to be used by the Youth Service

Statement

I acknowledge receipt of and understand the information regarding the proposed visit or activities organised by the AfC youth service and the use of media and consent to the above person participating.

I confirm that the information provided above is correct and I accept full responsibility if there is any relevant information omitted from the document.

I have ensured that my child/I understand(s) the information for their/my safety and for the safety of the group that any rules and instructions given by staff are obeyed. I undertake to inform the leader of any changes in the fitness/behaviour of the participant/myself prior to the date of departure.

I accept full financial responsibility if they/I have to return home before the end of the trip because of inappropriate behaviour.

I am in agreement that those in charge may give permission for the participant/me to receive medical treatment in an emergency.

Signed:

Parent, Guardian, Participant

Date:

Code of Conduct – Use of images

This code of conduct outlines how the Youth Service will use images of young people.

We will:

- not use images of young people without the consent of a parent or guardian
- mainly use images of young people as part of a group, unless recognising individual achievement
- mainly use images in **local** publications or media such as programme advertising, reports and the youth service website. if images are to be used in **national** publications, media, parents ,guardians, you will be notified
- not use images of young people in unsuitable attire
- not, in future publications, continue to use images to which we receive a parent(s) or guardian(s) written objections
- not reveal personal details, such as the young person's name, age, home address or tele phone number, in a youth publication or press release without a parent's or guardian's permission
- not use inappropriate close up pictures of young people that will be available online