

**PLEASE RETURN TO 225 CHURCH ROAD, TRANMERE, CH42 0LD
TRANMERE ALLIANCE**

Tel: 0151 644 1100 Email: youth@tranmerealliance.org.uk

**PARENT/CARER DISCLAIMER for YOUTH ACTIVITIES PROGRAMME
VALID FOR 1 YEAR**

In order for your child to participate in this project, it is essential that you complete and return this form, supplying relevant information and your consent as a Parent/Carer. When completed, this form will be kept on file and referred to by the Co-ordinator when necessary.

IN THE EVENT OF UNACCEPTABLE BEHAVIOUR, WHERE THE YOUNG PERSON IS A RISK TO THEMSELVES OR OTHERS, THE PARENT/CARER WILL BE EXPECTED TO COLLECT THE YOUNG PERSON THEY ARE RESPONSIBLE FOR.

PARTICIPANT DETAILS

Participants Name	Age	Date Of Birth
Name of Parent/Carer		
Relationship to participant		
Address		
Postcode	E mail	
Telephone Number Home:	Adults Mob:	
Young Persons Mob:		
Please give a second emergency contact name and number		
Name		
Name, address and Tel No. of family Doctor		
Telephone Number		

Please note it is crucial we are able to contact of these two numbers in the event of an emergency

Ethnic Details						
White- British		Black British		Yemeni		Other Mixed Background
White- Irish		Black- African		Indian		
Mixed- White & Black Caribbean		Mixed- White & Black African		Chinese		Any other Ethnic Group
Mixed- White & Asian		Black- Caribbean		Pakistani		
White-Other		Black-Other		Romany		Preferred not to say
				Bangladeshi		
				Asian-Other		

<p>The Disability Discrimination Act 1995 defines a disabled person as anyone who has or has had a physical or mental impairment which has a substantial and long-term effect on their ability to carry out normal day-to-day activities. Taking this definition into consideration do you consider him/her to have a disability or adaptations? If yes, please indicate the nature of the disability and describe any equipment or adaptations that your child may need to enable them to participate fully in PAYP activities</p> <p>.....</p>	<p>Delete as appropriate</p> <p>Yes/No</p>
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	Delete as appropriate
1. I am satisfied that he/she is in good health and that his/her health is adequate to cope with the activities (listed overleaf)	Yes/No
2. Has your child/ ward been advised not to participate for medical reasons?	Yes/No
3. Does you son/daughter/ward suffer from any other condition requiring medical treatment, including medication? Asthma YES/NO Bronchitis YES/NO Chest trouble YES/NO Diabetes YES/NO Epilepsy YES/NO Fainting YES/NO Heart trouble YES/NO Migraine YES/NO High blood pressure YES/NO Tuberculosis YES/NO Others conditions This will not exclude them from activities but is essential that staff have full knowledge	Yes/No
4. How and by whom is medication to be administered?	
5. In the unlikely event of an accident occurring, I give my permission to a Scheme Representative to authorise emergency medical treatment, including use of anaesthetic and blood transfusions, if deemed necessary by the medical authorities	Yes/No
7.What is your child's blood group?	Yes/No
8.Has your child had a tetanus injection?	Yes/No
9. Is your son/daughter/ward allergic to any medication, insect bites, foods etc or have any dietary needs?	Yes/No
10. Any other information you think we should be aware of?	
11. Can he / she swim? No <input type="checkbox"/> Yes with aids <input type="checkbox"/> Yes average <input type="checkbox"/> Yes strong <input type="checkbox"/>	
12.During the youth activities, photographs/ or video footage may be gathered for publicity material by Tranmere Alliance and the Connexions Service. Do you give permission for images of your son//daughter/ward to be used?	Yes/No

DECLARATION

I understand to inform the organiser as soon as possible of any change in the medical circumstances of my son/daughter/ward, between the date on which I completed the form and the commencement of the activities.

I understand that Tranmere Alliance's youth programmes and Greater Merseyside Connexions, are insured in respect in legal liabilities only and that there is no personal accident, or other cover, unless I have been advised specifically by the organiser. Accidents may arise for which the Youth Programme is not responsible. Parents/Guardians may wish to obtain suitable insurance to cover such eventualities.

I confirm that I am the parent/carer of the above named person and consent him/her taking part in the activities offered by Tranmere Alliance as listed below. I understand that he/she will be under the supervision of the staff, workers and/or other persons approved by the scheme and that all reasonable care will be taken at all times.

Please mark with a cross activities you do not consent to your child/ ward taking part in.
(Some activities may be added and additional consent will be sought for these.)

	Cross if consent is NOT given		Cross if consent is NOT given
Performing arts		Cooking	
Sports sessions		Training courses	
Swimming		Ice skating	
Golf		Scuba diving	
Laser Quest		Cinema	
Canoeing		Army training	
Go Karting		Rock climbing/ abseiling	
Bowling		Sailing	
Skiing		Theme parks	
Snowboarding		Theatre visits	
Assault course		Day trips	
White water rafting		Residential	
Gorge walking		Work experience	
Drugs awareness		Sexual Health awareness	

I understand that in order for my child to participate in this programme certain information will be held and may be shared with other agencies within the PAYP Provider Group if relevant and deemed to be in my child's best interests (and the appropriate consent to share information form is attached).

I have been given a copy of the 'Data Protection Act 1998 – You and Your Information' leaflet, and the Parent / Guardian Information Sheet.

Parents/guardian 's Signature _____ Date _____

Young persons Signature _____ Date _____

This form, or a copy, must be kept by the leader on the activity. A copy should be retained by the Youth Services Co-ordinator
