



Under 18s Creative Collisions consent form

You or your son/daughter (for under 18s) will be attending Creative Collisions on 03 May 2017. Please complete and sign the consent, medical form and photograph/media consent in full and return them to us as by **23 April 2017** by email to cc@matterandco.com. As the parent providing consent please scan and sign this form or email with a digital signature from your own email address.

Creative Collisions 2017 is operating under the safeguarding policy of UK Youth. If you have any queries please contact Kayleigh Wainwright, Head of membership and Youth Engagement at kayleigh.wainwright@ukyouth.org

Young Person's Details

Full Name:

Date of Birth:

Home address:

Home telephone number:

Mobile number:

Parent details

Name (s) of parent/ guardian:

Home telephone number:

Mobile number:

Email:

Accompanying adult details:

Name of accompanying adult (18+) attending Creative Collisions alongside named young person (Under 18):

Organisation:

Email address:

Mobile number:

Please confirm your consent for your son/ daughter to attend creative collisions accompanied by the above named accompanying adult (18+). YES/ NO

	First Emergency contact	Second Emergency Contact
Name		
Relationship to young person		
First Contact number		
Second contact number		

Medical / Support information

Date of last tetanus injection if known: _____

Do you or does your son/daughter (for under 18's) have any access or communication needs?

Yes / No (delete as appropriate)

If yes please tell us what we need to ensure your / their access needs are met

Do you or does your son/daughter (for under 18s) have any known health needs? E.g. Diabetes, asthma, epilepsy, allergies

Yes / No (delete as appropriate) If **Yes** please complete the next two questions

Current medication?

Name: _____

Dose: _____ **Frequency:** _____

What should UK Youth do to help keep you or your son/daughter (for under 18s) well e.g. administer planned medication/give snacks? Please be very specific

Please use this space to provide any other medical/support information

Please note here any dietary requirements, including allergies

Consent Statement

I agree to participation by the above named person and confirm that I have read and understood all of the details in this form and that the medical details given are complete and accurate.

I understand that while I /my son/daughter (for under 18s) is participating in the project they will be subject to the project's general code of behaviour and will be required to obey the instructions and advice of youth workers and accompanying adults. If me or my son/daughter is not seen to be obeying the code of conduct, and has been asked to leave the programme, I understand that UK Youth will be responsible for the arrangements for me / my child to arrive at the programme and to return home.

I understand the project will do everything in its control to protect me / my son/daughter's personal possessions but cannot be held responsible for any loss or damage.

In the event of an accident or illness, I understand that every effort will be made to contact the emergency contacts I have provided but, if this is not possible, I authorise the project leader to consent to any lifesaving medical treatment from a qualified medical practitioner which, in the opinion of the qualified medical practitioner, may be necessary for me / my child over the duration of the programme.

I **GIVE/DO NOT GIVE** consent for my details on this form to be disclosed and made available to safety representatives and representatives of employee safety when requested.

Signature: _____

Date: _____

Photograph and Media Consent

I give UK Youth permission to record the image and/or voice and/or words of me (the young person named above) and grant UK Youth all rights to add the still or moving images and any accompanying words to the Library Stock of UK Youth and to use them in any medium for its educational, promotional or other work that supports the mission of the charity.

I confirm that I have read and understood all of the details in this form and that the information I have given is complete and accurate

Signature: _____

Date: _____

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Data Protection Statement

The information which you give when completing this form will be used in accordance with the Data Protection Act 1998 and for the following purposes: to enable UK Youth to create an electronic and paper record of your or your child's details; to enable your or your child's participation in the UK Youth programme; and ensure the Charity has emergency information and medical information to allow safe participation of the programme. We will safeguard your or your child's and your personal details and will not divulge them to any other individuals or organisations for any other purposes outside the programme. The information collected may also be used for the wider purpose of providing statistical data used to assist with monitoring provision and/or areas of need in order to target future resources. The information will be kept securely, and will be kept no longer than necessary.