



**Important: This form must be completed by the parent/guardian if the participant is under 18 years of age and by the participant if he/she is over 18 years of age.**

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

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? YES / NO
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**It is the parents/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, e.g. diabetes, epilepsy or allergies to (e.g.) 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/extra learning needs **with any triggers** that the staff need to be aware of.

Details of any special dietary requirements.

<b><u>Emergency Contact 1- DURING PERIOD OF ACTIVITY</u></b>	
Name:	Relationship to Participant:
Tel. No:	
<b><u>Emergency Contact 2</u></b>	
Name:	Relationship to Participant:
Tel. No:	

**Use of Media (Young Peoples Images)**  
 RBWM Youth Service may use images of young people for publicity in line with the RBWM Code of Practice. A copy of the Code of Practice is printed on the reverse of this form.

**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/me

The use of an image(s) involving my young person/me in conjunction with personal data (such as full name)

Please tick here if you do not wish images of your young person/you to be used by the Youth Service

## **STATEMENT**

**I ACKNOWLEDGE RECEIPT OF AND UNDERSTAND THE INFORMATION REGARDING THE PROPOSED VISIT/ACTIVITIES ORGANISED BY THE RBWM 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.**

## **RBWM 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/guardian.
- Mainly use images of young people as part of a group, unless recognising individual achievement.
- Mainly use images in local publications/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) / guardian(s) written objections.
- Not reveal personal details, such as the young person's name, age, home address or telephone number, in a Youth publication or press release without parental / guardian's permission.