

SVP SUMMER SLEEP CONSENT



Please use BLOCK CAPITALS throughout

Name of young person:

Date of birth:

Address:

Emergency Contacts:

Name:

Name:

Address:

Address:

Mobile:

Mobile:

I understand that for my young person to attend this event they must have a named adult taking part. The name of the adult with responsibility for my young person is:

Does the young person have any specific needs that we need to be aware of?

(medical details are overleaf)

I, the parent / guardian, give permission for the named young person to attend the event mentioned above

- I acknowledge the need for the young person to behave responsibly and will ensure that s/he is aware of this.
- I understand that for this event the appointed adult named above is responsible for my young person.
- I understand that they are only responsible for the young person while they are at the event. They will take all reasonable care but I understand that the young people involved may not be constantly supervised.
- I understand that for this event my young person will be sleeping in a secure location and that they will need to provide their own sleeping bag.
- I understand that the leaders and anyone working with them cannot, in the absence of gross negligence on their part, be held responsible for any loss of or damage to personal effects.

Signature:

(of parent/ guardian)

Date:.....

Name (printed):

Please now fill in the sheet overleaf about the young person's medical details

MEDICAL DETAILS

The medical consent signed for below will only be exercised in emergency circumstances when the carer(s) are unreachable.

We do not exclude young people because of their medical needs. However, it is essential that we have full details in order to provide the best standards of care. If you need more space, please continue on a separate sheet of paper. If you wish to discuss this form further or if you have any concerns about any elements of the activity please do not hesitate to contact us at youngvincentians@svp.org.uk.

<p>Does the young person have any medical conditions?</p> <p>Does the young person have any regular medication or medical treatment? (name/dosage/purpose/ administered)</p> <p>Does the young person have any allergies? (medication/food/environment etc)</p> <p>Does the young person have any specific dietary requirements?</p>	<p>Contact details of the young person's GP:</p> <p>Name:</p> <p>Address:</p> <p>.....</p> <p>.....</p> <p>Telephone:</p> <p>Does the young person have any fears, phobias or difficulties we should be aware of?</p> <p>If known: Has the young person received a tetanus injection in the last 5 years?</p> <p>Young persons blood group?</p>
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Is there any further information that we should be aware of?

- I will inform the activity organisers if my child comes into contact with any infectious diseases
- In the event of an illness or accident every effort will be made by the leader(s) to contact me. If for whatever reason this is not possible I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present

Signature: **Date:**.....
(of parent/ guardian)

Name (printed):