

Children's Activity Consent Form

Please complete the following as accurately as possible and notify us immediately of any changes.

• Parent / Guardian's Details

Mother's name: Tel. H..... M..... W.....

Father's name: Tel. H..... M..... W.....

• Child's Details

Name of child D.O.B.

Address.....

..... Postcode.....

• Emergency Contacts

Contact 1..... Tel. H..... M..... W.....

Contact 2..... Tel. H..... M..... W.....

• Medical Consent *(this information is confidential)*. Please ✓ Yes or No to the statements below:

Does your child have any medical, physical, emotional or behavioural conditions that we should be aware of that might affect his safety or the safety of others?

Yes ☐ No ☐

If so please state:.....

.....

Does your child require help taking medication?

Yes ☐ No ☐

Does your child have any allergy to medication?

Yes ☐ No ☐

I agree to my child receiving medication as instructed *(please complete the Medication Sheet overleaf)* and any emergency treatment as considered necessary by the emergency services. I will inform staff immediately of any changes.

Yes ☐ No ☐

• Doctor's Details

Name of doctor..... Tel no.....

Address..... Postcode.....

• Important

We will endeavor to integrate all children into our activities, however, where a child proves to be disruptive we may have to request that a child is removed. Whether this is on health and safety grounds; to protect staff ratios or ensure that other children (and their paying parents / guardians /carers) are not adversely disadvantaged.

• Data Protection and Consent Statements

We may use this information for administrative purposes in providing the service and for communication with you in relation to children's activities. In compliance with the Data Protection Act 2018, all information will be treated confidentially and will not be shared with any other organisation without your explicit and informed consent. For further information on how we hold and use your personal data please read our privacy policy:

www.activelifeltd/privacypolicy

☐ I agree to allow Active Life to send me further information on its services and activities that may be of interest to me. I understand that I may withdraw my consent at any time.

I confirm the information given above/overleaf is correct and I will inform the centre of any changes immediately:

Signed *(Parent/Guardian)*..... **Date**.....

Medication Sheet

- Parents / carers are required to give written consent for any medication to be given to a child (page 1.)
- Children are required to administer their own medication. Alternatively a parent / carer can attend site throughout the session to administer medication.
- All medication must be handed to reception at the start of the session.
- Each medication must be clearly labelled with the following information:
 - Name and date of birth of child
 - Name of medication
 - Dosage
 - Frequency of administration
 - Date of dispensing
 - Storage requirements
 - Expiry date

Child's Details

Name of child..... D.O.B.....

Address.....

..... Postcode.....

Medication

Prescription	Dosage	Intervals	Time	Staff Signature	Parent Signature

Notes:.....

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