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| **Barnardo’s Consent Form For Holidays, Trips And Activities** | 28 July 2022 |

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| **Electronic or paper copy of this completed form must be carried by Group Leader** |

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| This must be completed and signed by a person with parental responsibility in most situations, for every child/young person under 16 years not accompanied at all times by a person with parental responsibility for them, but refer to [Children’s Services and Business Lines Policy on Obtaining Parental Agreement](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=296400903&objAction=Run) (currently draft) for details of where an under 16 may give consent, and the consent position for 16 to 17 year olds*.* As regards service users over 18 years of age, Service should try to capture information needed in an emergency, but it cannot insist it is disclosed. |

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| [**Safety Team Guidance on Form**](http://livelink.barnardos.org/livelink91/livelink.exe?func=ll&objId=24078048&objAction=download&viewType=1) | [**Children’s Services Health Policies**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=239408623&objAction=browse) | [**Children's Services Health Forms**](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=239410908&objAction=browse&viewType=1) |

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| Name of Barnardo’s School/Service |  |  |
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|  |  |  |  |  |  |  |  |
| Child/Young Person full name |  | Gender |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
| Preferred name |  | Date of Birth |  |  |
|  |  |  |  |
| 1. **Details Of Person With Parental Responsibility**
 |
| Full name |  | Relationship with child/young person |  |
| Address |  |
| Daytime phone number |  | Evening phone number |  |
| Mobile phone number |  | Emergency phone number |  |

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| 1. **Alternative Emergency Contacts**
 |
| Full name |  | Emergency phone numbers |  |
| Full name |  | Emergency phone numbers |  |
| Full name |  | Emergency phone numbers |  |

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| 1. **Permitted and Non-Permitted Activities**
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| I consent to  |  | participating in the following activities: |
|  |
| I do not wish |  | to participate in the following activities: |
|  |
| I do not wish |  | to travel via following modes of transport: |
|  |
|  |  |  |  |  |  |
| Do you consent to remote supervision of your child/young person? | YES |  | NO |  |  |
|  |  |  |  |  |  |
|  |  |  |
| Do you wish to have access to further relevant health and safety information? | YES |  | NO |  |  |
|  |  |  |
|  |  |  |  |  |
| Signature of Person with Parental Responsibility |  | Date |  |  |
|  |  |  |  |  |
|  |
| 1. **Person With Parental Responsibility Accompanying Child/Young Person on Trip or Holiday**
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|  |  |  |
| I acknowledge that if I accompany my child/young person on a holiday, trip or activity, I am fully responsible for their supervision and safety, unless directly instructed otherwise by the Group Leader |  |  |
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|  |  |  |  |  |
| Signature of Person with Parental Responsibility  |  | Date |  |  |
|  |  |  |  |  |

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| If a father without parental responsibility is to be in charge of the child during all or part of the holiday, trip or activity, he should get the consent form completed and signed by the person with parental responsibility along with their written permission for them to be in charge of the child. This also applies to grandparents, step-parents, same-sex partners and other appropriate people without parental responsibility. |

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| 1. **Medical and Other Information Relating To Child Or Young Person**
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| Name and address of child's/young person’s General Practitioner: |
|  |
|  |  |  |  |  |  |  |
| GP's telephone numbers |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |
| Date of last tetanus vaccination |  | <http://www.nhs.uk/Conditions/Tetanus/Pages/Prevention.aspx> |
|  |  |  |
|  |  |  |  |  |  |
| Is the child/young person taking medication such as insulin, asthma inhaler, tablets etc? | YES |  | NO |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| If YES, is the medication prescribed? | YES |  | NO |  | Please make sure that an adequate supply is available |
|  |  |  |  |  |  |
|  | **Medication** | [Policy](http://livelink.barnardos.org.uk/livelink91/llisapi.dll?func=ll&objId=241335735&objAction=download&viewType=1) |  | **Dosage & Frequency** | **Is assistance needed?**  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | YES |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | YES |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | YES |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  | YES |  | NO |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |
| Does child/young person have any food allergies/intolerances, e.g. fish, shellfish, nuts, eggs, dairy products, certain fruits, chocolate, gluten, celery, sesame, soy, mustard, etc? | YES |  | NO |  |  |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |
| Does child/young person have any other allergies, e.g. penicillin, other medication, pollen, bites/stings, plasters, latex, animal, mite, soap, sanitiser, wet wipe, plant, etc? | YES |  | NO |  |  |
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|  |  |  |  |  |  |
| Does child/young person carry an adrenaline auto-injector? | YES |  | NO |  |  |
|  |  |  |  |  |  |
| What type of auto-injector? | EpiPen |  |  | Emerade |  |  | Jext |  |  | Other |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| Is child/young person able to self-administer the adrenaline auto-injector? | YES |  | NO |  |  |
|  |  |  |  |  |  |
| How many auto-injectors are carried? |  |  |  |  |  |
|  |  |  |  |  |  |
| State any contagious infection child/young person has suffered in the last 3 months |
|  |
| State any other illnesses or injuries suffered by child/young person in the last year that involved a medical practitioner |
|  |
| State any disabilities, injuries, medical conditions and special needs of which Barnardo’s should be aware |
|  |
| State any specialist dietary requirements e.g. vegetarian, vegan, halal meat, kosher, low fat, low salt |
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| Does the child/young person have incontinence problems? | YES |  | NO |  |  |
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| Does the child/young person have any emotional difficulties, e.g. excessive shyness, panic attacks, anxiety, |
| hyperactivity, stress, phobias? | YES |  | NO |  | If YES, please provide details below |
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| Can the child/young person swim? | YES |  | NO |  | If YES, how many metres? |  |  |
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| Please provide any other relevant information relevant to the child's/young person’s health, safety and welfare. |
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| 1. **Emergency Medical Treatment and First Aid**
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| In the event of an accident or illness requiring emergency medical treatment, every effort will be made to contact you.Only a person or local authority with legally valid parental responsibility is entitled to consent to medical treatment on behalf of a child/young person. Barnardo’s cannot consent to treatment on your behalf. Any decision about treatment will be taken by the Medical Practitioner.Please refer to Children’s Services Policy on Delegation of Parental Consent for Medical Care for further information. A copy of this or other relevant document will be made available to you upon request.If due to accident or illness your child/young person requires emergency medical treatment, Barnardo’s will:* Meet its duty of care to your child/young person, always making their welfare the top priority
* Ensure first aid is provided in line with the requirements of the situation
* Call 999 and ask for the ambulance service
* Provide the ambulance service call taker with information so they will send the most appropriate help
* Follow any advice provided by the ambulance service call taker
* Convey your child/young person to hospital by another suitable mode of transport if necessary
* Have a staff member accompany your child/young person to hospital and stay there until you arrive
* Let you know what has happened at the earliest opportunity
* Supply the Medical Practitioner with the information we have about your child’s/young person’s health, etc.
* Supply the Medical Practitioner with your views about medical treatments you choose to share with us
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| Please enter details of your views regarding medical treatment, first aid, plus any other relevant information. |
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| **Please enter the names and emergency contact details of others with parental responsibility** |
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| Are you willing for information to be shared with third parties on a strict need to know basis? | YES |  | NO |  |  |
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|  |  |  |  |  |
| Signature of Person with Parental Responsibility |  | Date |  |  |
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| **Please tell School/Service immediately if there are any changes to the information on this form** |