

REGISTRATION FORM

PERSONAL DETAILS

Name (of young person): _____ DOB: _____

Address: _____

Postcode: _____

Gender: _____ Ethnicity: _____

Tel No: _____ Mobile No: _____

Work Tel No: _____ Contact Email Address: _____

Parent/Carers Name: _____ Relationship to child: _____

Address (if different): _____

Postcode: _____ Name of School/College: _____

EMERGENCY CONTACT DETAILS

Please provide TWO separate names, addresses and telephone numbers of people we can contact in an emergency:

Name: _____

Name: _____

Address _____

Address: _____

Tel No: _____

Tel No: _____

Relationship to child: _____

Relationship to child: _____

MEDICAL INFORMATION

Doctors Name: _____

Tel No: _____

Surgery Address: _____

Postcode: _____

Does your child have a physical disability?

delete as appropriate
YES / NO

If YES, please specify: _____

Does your child use a wheelchair?

NO/ELECTRIC / MANUAL

Does your child have a learning disability?

YES / NO

If YES, please specify: _____

Does your child have a sensory impairment?

YES / NO

If YES, please specify: _____

Does your child require medication?

YES / NO

If YES, please state details and dose: _____

Does your child suffer from Epilepsy?

YES / NO

If YES, please state details: _____

Can your child be exposed to strobe lighting?

YES / NO

Does your child require support with toileting or personal care

YES / NO

If YES, please state details: _____

Does your child have special dietary requirements or any allergies (e.g. food, materials etc)?

YES / NO

If YES, please state details: _____

COLLECTION OF PARTICIPANT

Please list below the names of those who are authorised to drop off and collect your child:

Name: _____ Relationship to child: _____

Name: _____ Relationship to child: _____

OTHER INFORMATION

Please delete as appropriate
YES / NO

Can your child swim over 10m without a swimming aid?

Do you give permission for staff to photograph and video your child which may be used for displays or publicity material? YES / NO

The images maybe used on the council website, and in any other printed publications produced by the council or our partners. Croydon Council, or our partners, will not use the personal details or names (first name and surname) of any child, young person or adult in a photograph on their websites or in any of our printed publications. If photographs/videos of individual children, yp or adults are used Croydon Council, or their partners, will not use the name of that child in the accompanying text or photo/video caption. If the child is named in the text, Croydon Council, or their partners, will not use a photograph/video of that child, yp or adult to accompany the article. Please note, that if photographs/video are taken by the local press/media or parents/guests, Croydon Council will not have control of these images.

GDPR

The 0-25 SEND Disability Youth Project currently sends out emails through or from project team members, our 'Upshot' list of Parents/Carers and our Croydon Disability Youth Project Team members. Individuals now need to confirm their wish to consent to being on any organisations mailing list, and how the data held about them is used. By Signing this form you Authorise Waddon 0-25 SEND Disability Youth Project to keep your child's data on our secure Upshot database system, as well as your contact details on paper documents which are held securely onsite and that you are happy for us to use your email address to contact you.

Does your child speak/understand English? YES / NO

If NO, please specify: _____

PERSONAL CARE NEEDS

Please delete as appropriate
YES / NO

Is your child totally self sufficient in recognising when they need to go to the toilet and in looking after their own needs?

If NO, please specify: _____

On hot days, we ask to you to provide your child with sun tan lotion. Do you give permission for staff to reapply sun tan lotion on your child if necessary? YES / NO

Is your child allergic to any sun tan lotions? YES / NO

If YES, please specify: _____

Please give a brief description of what physical assistance (if any) your child might require during the day (considering the activities planned and moving and handling) Use a separate sheet if necessary.

Please give a brief description of any other information you feel we should be aware of, i.e contact with contagious diseases within the last 3 months, behavioural/psychological issues,etc (use separate sheet for personal care plan if necessary)

I undertake to inform the Worker in Charge of the Centre/Project as soon as possible, of any change in the medical circumstances between the date signed and the commencement of the visit.

I agree to my son/daughter receiving medication as instructed by me.

MEDICAL CONSENT

I agree to such medical, surgical and dental treatment, including operations under general anaesthetics, as may be recommended by a registered medical or dental practitioner. I hereby authorise the Youth Worker leading the visit or any representative or other agent of theirs to sign any written form of consent required by the hospital or Medical Authority, particularly if delay is occasioned in obtaining my own signature is considered inadvisable by the doctor, surgeon or dentist concerned.

I understand that the participant is responsible for the safe custody of their personal belongings and effects and the organisers cannot be held responsible for replacing any such effects or equipment that are lost, damaged or stolen or for compensation of any kind.

DECLARATION

I have fully understood the above and certify that the information given is both correct and accurate and that my son/daughter is fit enough and can take part in the dated outlined activities and I acknowledge the need for responsible behaviour on his/her part.

Signed: _____ Print Name: _____ Date: _____