

ENGAGE ACTIVITY & MEDICAL CONSENT FORM

Please complete this form and hand in to an ENGAGE member of staff. The information on this form is private and confidential and will only be used in an emergency.

It is important to complete all sections



YOUNG PERSON DETAILS

Name:

Date of Birth:

Gender:

Current School:

CONTACT DETAILS

Home Address:

Post Code:

Home Phone:

Mobile Phone:

NEXT OF KIN DETAILS

Name:

Home Phone:

Mobile Phone:

MEDICAL DETAILS

Doctors Name:

Doctors Address:

Doctors Phone No.:

OTHER MEDICAL INFORMATION

(a). Please tell us of any Special educational needs and disabilities

(b). Please list any known allergies eg antibiotics, plasters, aspirin, other medicines or food

(c). Please specify any dietary requirements for example, vegetarian, halal, gluten free etc.

(d). Please give details of any known medical condition e.g. asthma, migraine, hay fever.

(e). Please give details of any medicine or treatments being taken.

MEDIA

We are proud of the work we do and like to record our work, with this in mind, a photo or video record of any events may be taken for display or promotional purposes through our website, social media, newspapers, flyers and promotional materials. You must notify any ENGAGE member of Staff should you have any objections.

Signed _____

EMERGENCY PERMISSION

In the event of illness or any accident requiring emergency medical treatment, I authorise any treatment necessary.

Signed _____

The adult signing must be a person with parental responsibility for a child and must have full legal rights over the child.

OTHER PERMISSIONS

By ticking this box, you acknowledge that you and/or your son/daughter may contact an ENGAGE youth worker at any time during their working hours up to 9pm. All interactions are recorded for safeguarding purposes and will be shared with their Designated Safeguard Lead.

By ticking this box, you acknowledge that your son/daughter can be collected from their educational provision by an ENGAGE Youth Worker and brought back to their provision or to a destination approved by the parent/guardian.

If you need any further information, please call Melton Learning Hub on 01664 564 967.

Forms can be emailed to joe.engageproject@gmail.com