|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Personal Information…** | | | | |
| **FIRST NAME:** | | **SURNAME:** | | |
| **ADDRESS:** | | **DATE OF BIRTH:** | | **AGE (yrs):** |
| **EMAIL:** | | |
| **POST CODE:** | | |
| **TELEPHONE (HOME):** | | **TELEPHONE (MOBILE):** | | |
| **PLEASE GIVE DETAILS OF ALL PERSONS WHO HAVE PARENTAL RESPONSIBILITY** | | | | |
| **NAME:** | | **RELATIONSHIP TO YOUNG PERSON:** | | |
| **NAME:** | | **RELATIONSHIP TO YOUNG PERSON:** | | |
| **PREFERED METHOD OF CONTACT:** | | | | |
| **PHONE** | **EMAIL** | | **POST** | |

|  |  |
| --- | --- |
| **In Case of Emergency…** | |
| **EMERGENCY CONTACT ONE** | |
| **FULL NAME:** | **ADDRESS:** |
| **TELEPHONE:** |
| **RELATIONSHIP TO YOUNG PERSON:** |
| **EMERGENCY CONTACT TWO** | |
| **FULL NAME:** | **ADDRESS:** |
| **TELEPHONE:** |
| **RELATIONSHIP TO YOUNG PERSON:** |

|  |  |  |  |  |
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| **The Important Bits…** | | | | |
| **DOCTORS NAME AND ADDRESS:** | | | | |
| **TELEPHONE:** | | | | |
| **NHS NUMBER (if known):** | | | | |
| **DOES YOUR CHILD HAVE ANY ALLERGIES?** | **YES** | | **NO** | |
| **IF YES PLEASE GIVE DETAILS:** | | | | |
| **PLEASE GIVE DETAILS OF ANY MEDICATION YOUR CHILD IS PRESCRIBED:** | | | | |
| **MEDICATION** | | **DOSE** | | **TIME** |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
|  | |  | |  |
| **DOES YOUR CHILD REQUIRE ADMINISTRATION OF ANY MEDICATION WHILST AT BRIDGE TOGETHER?** | | **YES** | | **NO** |
| **IN THE UNLIKELY EVENT OF AN ACCIDENT, DO YOU GIVE PERMISSION FOR YOUR CHILD TO RECEIVE EMERGENCY TREATMENT FROM OUR NOMINATED AND QUALIFIED FIRST AIDER?** | | | | |
| **YES** | **NO** | | | |
| **MEDICAL DIAGNOSIS (please give details about all of your child’s diagnosis)** | | | | |

|  |  |
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| **Declaration…** | |
| **I declare that to the best of my knowledge the information provided in this form and any accompanying documents is true and correct. (by signing below you agree to this statement).** | |
| **NAME (print):** | **DATE:** |

|  |  |
| --- | --- |
| **The Personal Touch…** | |
| **PLEASE GIVE A BRIEF DESCRIPTION OF YOUR CHILD’S INTERESTS/NEEDS** | |
| **LIKES** | **DISLIKES** |
|  |  |
| **DIETARY REQUIREMENTS** | |
|  | |
| **BEHAVIOURAL INFORMATION** | |
|  | |
| **TOILETING NEEDS** | |
|  | |

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| --- | --- | --- |
| **What We Can Offer You…** | | |
| **PLEASE TICK THE RELEVANT BOXES BELOW TO CONFIRM YOUR CONSENT FOR YOUR CHILD TO TAKE PART IN THE FOLLOWING ACTIVITIES. YOU HAVE THE RIGHT TO WITHDRAW YOUR CONSENT AT ANY TIME.** | | |
|  | **YES** | **NO** |
| Use of videos/photographs for press release and training |  |  |
| Use of videos/photographs of my young person for internal use |  |  |
| Use of video/photographs of my young person for fundraising purposes |  |  |
| Use of videos/photographs of my young person on The Bridge website / Facebook page |  |  |
| Travel by staff car |  |  |
| Accessing Newark and the local community with members of staff |  |  |
| Day trips (this will include some of the activities below) |  |  |
| Ten Pin Bowling |  |  |
| Swimming |  |  |
| Massage |  |  |
| Cinema |  |  |
| Indoor soft play |  |  |
| Parks |  |  |
| Seaside |  |  |
| Amusement parks |  |  |
| **ARE THERE ANY ACTIVITIES THAT YOU DO NOT WISH YOUR CHILD TO BE INVOLVED WITH?**  **IF YES, PLEASE GIVE DETAILS BELOW** |  |  |
|  | | |
| I have been advised of where to find and read all the relevant policies relating to Bridge Together and agree to abide by the contents, requirements and expectations. I understand that if I have any questions, at any time, regarding these policies, I can consult with Bridge Together. |  |  |

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| **Declaration…** | |
| **I understand that it is my responsibility to inform Bridge Together should any of these permissions change**  **(by signing below you agree to this statement).** | |
| **NAME (print):** | **DATE:** |
| **SIGNED:** | **RELATIONSHIP TO CHILD:** |