

Britain Yearly Meeting Children and Young People's Work Consent & Information Form



Junior Yearly Meeting 2015

Please read the guidance included & complete the form as requested by **add date**.

An Information and Consent form must be completed for all those participating in events. This form covers information required for insurance purposes (as BYM and its staff are responsible for the care and safety of participants) and to enable effective planning and running of events.

This form will be handled, and the data on it will be stored, in electronic and paper forms in accordance with BYM Policies.

If the participant is aged 17 or under the form should be completed by their parent/guardian, in the case of foster carers, the consent sections should be signed by the person with parental responsibility (you should also provide their contact details in section 3a). In such a case you should also indicate if the participant is a ward of court or a 'looked after child'.

1) Participant information

Criteria under which you are completing the form:

18 year old participant *or* parent *or* legal guardian *or* social worker

Participant first name

Participant last name

Name participant would like to be known
by at the event

Address

Postcode

Tel (landline)

Participant Mobile

Email (one that is checked regularly)

Term time address if different

Term time postcode

Dates at term address

Gender

Male Female Transgender

Date of Birth

Age

2) Dietary information

This helps us arrange the right food for you with the venue.

Omnivore **Vegan** **Vegetarian** Additional dietary needs

Participants with food allergies (e.g. nuts) or intolerances (e.g. gluten) should tick additional dietary needs and provide details as requested in section 4a.

3) Emergency contact information:

This information enables us to contact those who need informing in the event of an emergency. **Please provide contact details for two individuals**, who will be at separate addresses during the event – *at least one should have parental responsibility.*

a. Parent/Guardian Name

Relationship to participant: parent or legal guardian or social worker

Landline 

Mobile 

Work 

Email address (one that is checked regularly)

Address:

b. Name

Relationship to participant:

Landline 

Mobile 

Work 

Email address (one that is checked regularly)

Address:

If the participant is not under the care of their parent or guardian and is therefore a 'looked after child' or a 'ward of court' please tick below and provide relevant details on a separate signed and dated sheet with the participant's name at the top.

Ward of court

Looked after child

4) Information to enable us to appropriately support the participant:

This helps us plan for or be aware of any needs you may have and how this might affect the support we provide and our facilitation at the event. If you answer 'yes' to any of the below, please provide information as per the enclosed sheet "Providing information about participant needs", this also sets out why we ask for this information. With health conditions this means that if you are taken ill we have the appropriate information, to hand to doctors or hospital staff.

Please indicate if the participant has any of the following:

| | | |
|----------|--|---------------|
| a | Allergies (anaphylaxis) (e.g. dietary, medication, chemical, environmental, etc) | Yes/No |
| b | Cognition and learning needs (e.g. Dyslexia, ADHD, Dyspraxia etc) | Yes/No |
| c | Communication and interaction needs (e.g. Autistic spectrum disorder, support from a speech and language therapist) | Yes/No |
| d | Mental health conditions (e.g. panic attacks, depression, self harm, disordered eating etc) | Yes/No |
| e | Physical health conditions (e.g. Asthma, Diabetes, Epilepsy, Migraine etc) | Yes/No |
| f | Sensory and physical needs (e.g. impaired hearing or sight, colour blindness, restricted mobility etc) | Yes/No |
| g | Social and emotional health (e.g. young carer, low self esteem, etc or anything else we should be aware of to ensure the participant has the appropriate support at the event) | Yes/No |
| h | Does any of the above (a-f) require medical treatment? | Yes/No |

I consider my child/ ward / myself to be medically & psychologically fit to participate in this event. **Yes/No**

It is your responsibility to notify us, in advance of the event of any changes in the Medical Information or Medical Treatment detailed on this form. The written notification should include your signature and should be sent to Thais De Oliveira (cypadmin@quaker.org.uk).

You must also contact us if the participant is exposed to, or suffers from any infectious diseases in the 4 weeks prior to the event. Informing us of this will not necessarily preclude them from attending the event. Decisions would be made on a case by case basis and in light of any vulnerable participants or team members who may be adversely affected by the infection.

If you have answered yes to the question under point 4 (a-h)

I enclose the details requested below on a separate, named, dated and signed sheet yes

I/my child can be administered my/their medication by an adult team member in an emergency **Yes / No/ n/a**

Medical contacts

Name of GP Tel No Date of last anti-tetanus injection

Surgery address

5) Medical Permissions:

Pain / Flu relief The provision of pain/flu relief medication is not a service which Britain Yearly Meeting events are obliged to undertake - we recognise that whilst at events, participants can become unwell so ask that you indicate your consent or otherwise to the pain/flu relief medication that may be given

Ibuprofen **Yes/No** Paracetamol **Yes/No** Flu Relief **Yes/No** Plasters **Yes/No** Sting Relief **Yes/No**

Should your child/ward become ill or have an accident, every effort will be made to contact you as soon as possible. If the person with parental responsibility cannot be contacted, healthcare professionals may give treatment immediately when it is in the young person's best interests. For them to attend the event, you need to give the following permission:

I give permission for any treatment to be given by healthcare professionals as they deem necessary and in the young person's best interests. **Yes/No**

6) Data and Image Consents

In accordance with the Data Protection Act 1998, permission must be granted by the parent/guardians or participant (if over 18) before any images may be taken and used, and for how the personal data can be used. Please indicate your consent (or otherwise).

I give permission for my/my child's/ward's contact details to be used as follows:

Within a participant contact list **Yes/No** To contact about future opportunities **Yes/No**

I give permission for photographs/video/audio recordings of me/my child/ward to be taken and used:

In Britain Yearly Meeting publications and on our websites **Yes/No** In independent publications to promote our work **Yes/No**

If No: please attach a recent image (with your/the participants name on the back) to this form – we need a record of what you/the participant looks like, so that we don't publish photos that may have been taken.

7) Online communications

The CYP staff have a Facebook page, which is used for communicating with young people (13+) about the event and ways they can be involved in opportunities within Quakerism and young people's organisations.

Please indicate your consent or otherwise to my/my child's/ward's participation in this.

Yes/No

8) Event Consents

Please indicate your consent for the participant named on the form to attend the following weekends:

Please read points a-h and indicate your consent under section 9:

- a I give permission for the stated participant to take part in this event.
- b I understand that there will be consequences for the breaking of event boundaries – the most serious of which is to be asked to leave the event (in the event of this happening the person with parental responsibility would be contacted). All participants have to sign their agreement with the boundaries in advance of an event.
- c I understand that if my child/myself has particular needs and I haven't included this information on the form, or subsequently informed the staff in writing and this has a detrimental impact on the programme or other participants, Britain Yearly Meeting may have to withdraw them from the programme.
- d I understand that the Children Act (2004) requires that if a team member is concerned about the safety of a participant (or the safety of someone known to them) they are required to inform the event's Safeguarding Coordinator.
- e I am satisfied that all reasonable care will be taken for the safety of those participating, that adequate staffing and other insurance and safety measures will be taken. I understand that during periods of free time close supervision by adults may not be possible.
- f I understand where relevant the information on this form will be shared with the event team and the venue, and if necessary with emergency services.
- g I consent to my child/ ward's participation in any optional sessions provided that cover sexual health, consent and contraception.
- i I agree to this information being held for the period required by Friends House policies in paper and electronic form and being used to assist in the work of the Children and Young People's Staff Team.

Please note that if you are unable to consent to any of the above it will mean that you have not given your consent for the child/young person named on this form to participate in the event.

9) Signature and confirmation *(parent/ guardian for under 18s)*

I have read the guidance and information on this form and have completed all relevant sections accurately and in full. I give my consent to the statements and requirements on this form if you would like further information or have questions about any part of this form please contact **Cat Waithaka – 020 7663 1011**

Signed

Print name

Date

Please return by first class post by **add date** to Thais De Oliveira Friends House, 173 Euston Road, London, NW1 2BJ

Providing information about participant needs



Why am I being asked to do this?

What information is helpful?

We understand that the way that different needs impact on someone's life varies greatly between individuals. We especially understand that if the needs are well managed, asking further questions might feel intrusive. So we'd like to give you a context to the information we are asking for on the information and consent form and why we ask for it.

We use this information to ensure that young people attending are able to fully participate as well as doing all we can to ensure the wellbeing and safety of participants.

- We know from experience that people can make assumptions and jump to incorrect conclusions about how a need might affect an individual. This is why we ask you to be specific about any needs, which enables us to make appropriate and necessary adjustments.
- As part of our support for the team we provide specific information about working with the needs participants have (e.g. physical or medical needs, learning support needs, mental health etc). We try to tailor this information so that it is relevant; therefore any specifics you can give will be helpful.
- Providing information about any needs means that we can work with the participant to agree the best way to support them at the event.
- Any information that you provide will remain confidential within the event team, and where relevant with the venue, health care professionals and/or emergency services.

Providing the information requested on the form enables us to provide the best support to each participant and the event team. We have specific questions that we ask to enable us to have sufficient information to support particular needs these are provided overleaf. We take pastoral care of participants seriously, this includes how particular needs are supported appropriately. A member of the CYP staff team may contact you before the event to help plan any additional support. Please send any updates to the information you provide to the lead staff member, this is **INSERT NAME** who can be contacted at email: **INSERT EMAIL** tel: **INSERT TELEPHONE NO.**

If the participant has any allergies, cognition and learning needs, communication and interaction needs, mental health conditions, physical health conditions, physical needs, sensory and physical needs or social and or emotional needs, please enclose the details requested below on a separate, named, dated and signed sheet.

It is helpful to be specific about the participant's need and/or condition as outlined below

Emotional needs and/or learning support needs:

- what are the characteristics of their need
- what type of situations do they find particularly difficult?
- what might indicate that they are struggling or finding something challenging?
- what strategies help them to manage their need?

- are there any adjustments that would further their participation?
- to what extent does their need impact on their life
 - emotional needs how regularly does it have an impact, what impact does it have?
 - learning support needs do they have additional support provided e.g. extra help in school, specialist support, a statement of SEN, an EHC plan) what does this recommend? What support do they require to further participation?
- if relevant and appropriate give the contact details for supporting professionals

Medical conditions and/physical health conditions / needs

- explain how it affects the participant (e.g. regularity, impact,)
- if they have needed emergency treatment or have been admitted to hospital in the last year
- if relevant how it can be avoided, prevented or minimised
- detail any action we may need to take (how we should respond in an emergency, and if there are any support needs)
- if relevant give the contact details for medical professionals or social worker

If relevant please include the following information about the medication:

- the medication required and the condition it is for
- the amount taken and how the medication is taken e.g. tablets, inhaler, injection
- when the medication is taken (times of day, in an emergency)
- whether the participant can self medicate
- any side effects resulting from the medication that we need to know about
- any storage requirements for this medication (e.g. refrigeration, secure for a controlled drug).

Please ensure that medication is sufficient and is clearly and correctly labelled, i.e. that it is in the correct container, with participant's details, and indicates the dose taken each day.

In the event of a medical emergency: Please describe what signs or symptoms indicate an emergency for the participant in the event of an emergency,

- if and how medication should be administered and the amount
- any special precautions in relation to the medication that should be taken, e.g. signs that medication should not be given, any side effects that we need to know about
- the procedures we should take in an emergency
- include anything medical professionals need to know
- besides yourself, who should be notified, e.g. specialists, GP.

Changes to information

Please send any updates to **Lucy Sam, Children and Young People's Officer: Email lucys@quaker.org.uk Tel: 020 7663 1160**