# Consent form Positive Activities 2017 (Official sensitive)

**Name:** ............................................................................................ **D.O.B**…………………………

**would like to attend the:**

Positive Activities…………………………………………………………

**On:**

 **Do you have any special dietary needs:** (e.g. vegetarian, food allergies) Yes 🞏 No 🞏

…………………………………………………….................................................................................

**Do you consider yourself to have any kind of disability?** Yes 🞏 No 🞏

If yes, please give details

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**Do you have any access requirements?** Yes 🞏 No 🞏

(e.g. wheelchair, signer, interpreter, religious needs)

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**Medical Information/ Medicines:** Yes 🞏 No 🞏

(please continue on another sheet of paper if necessary)

……………………………………………………………………………………………….......................

**Consent:** I consent for the above named young person to participate in the meetings detailed on the reverse: If at any point of the activity, he/she requires urgent medical treatment, and provided that I cannot be contacted personally, I give permission to the medical authorities to administer such emergency treatment, including anaesthetic, as they consider necessary in the circumstances.

**Name:** ........................................................................ **Signed:** ....................................................

**Relationship to young person:**............................................................ **Date**: ..............................

**Two emergency contact telephone numbers** (eg home and mobile). Please provide as much information as possible as this will be used for contact in the case of an emergency.

Name: ……… ……………………………....… Relationship: ……………………………………….

Number 1: ……………………..……..…..…... Number 2:………………….…………….…………

Name: ………………………………….…..…. Relationship: ………………………………….…...

Number 1: ………………………….……..….. Number 2: ………………………………………….

**Name of Social Worker** :........................................................................................

Telephone No: ......................................................... Team:………...............................................