

Annual Consent Form

2021 -2022

Parent/Guardian's name			
Relationship to child			
Your child's name			
Your child's date of birth			
Your child's address and home phone number			
Child's GP	GP's name		
	GP's Address & Phone Number		
Your Email Address:			
Young Carer Email Address:			
		Your Mobile Number:	Young Carer Mobile Number :
Emergency contacts:	Name:	Tel Number:	
	Relationship to child:	Mobile:	
	Name:	Tel Number:	
	Relationship to child:	Mobile:	
School/ College Attended and Year Group:		Key contact at School/ College e.g. Head of Year or Form Tutor:	

Please answer ALL of the questions below:

1. Does your child have any medical conditions we should be aware of? Yes / No
If yes, please give details _____

2. Is your child a carrier of a contagious disease? Yes / No
If yes, please give details (e.g. hepatitis) _____

3. Does your child take any medication or receive current medical treatment? Yes / No
If yes, please give details and complete page 3 _____

4. Has your child had surgery within the past year? Yes / No
If yes, please give details _____

5. Does your child have any allergies or special dietary requirements? Yes / No
If yes, please give details _____

6. Does your child have any special needs/behaviour problems? Yes / No
If yes, please give details _____

7. Do you give permission for a member of the team to apply sun cream to your child?
 Yes No Only Sun cream I Provide _____

8. Would you like your child to be contacted about being in the media to talk about young carer issues?
This may include radio, television or print. Yes / No

Transport

I understand that there will be times where my child is required to travel by transport in order to take part in an activity. I therefore give permission for my child to travel on public transport and staff car.

Parent/Guardian's Signature: _____

Phones

I understand that if staff members are ever concerned about my child's use of their mobile phone on a trip or residential, it can be removed and given back to them at the end of the day. On residential weekends, phones/ipads will be turned off at 10pm to ensure everyone sleeps without being disturbed. I give my permission below.

Parent/Guardian's Signature: _____

I understand that through Carers' Resource Young Carer Project my child may be taking part in youth club, individual work, small group work or activities. If my child is taken ill or injured to the extent that some medication or treatment is required, I hereby give my general consent and authorise the leader of the group to sign on my behalf any document required by hospital authorities.

I will advise Harrogate and Craven Young Carers' of any changes to the above information including any illness or infection suffered by my child after the signing of this form and prior to a Young Carer activity.

Parent/Guardian's Signature: _____

Parent/Guardian's Name: _____ **Date:** _____

If your child is on medication

What is your child's condition or illness?		
What is the medication or tablet called?		
What is the dose? (e.g. how many tablets or spoonfuls)		
When does the dose need taking?	Dose 1	
	Dose 2	
	Dose 3	
	Dose 4	
How is the dose taken? (e.g. swallowed)		
Are there any special precautions we need to take?		
What should be done in an emergency?		
Please list any possible side effects.		
Do you want your child to keep the medication on them?	YES <input type="checkbox"/>	NO, PLEASE STORE THE MEDICATION SECURELY <input type="checkbox"/>
Do you want your child to take the medicine themselves?	YES <input type="checkbox"/>	NO, PLEASE REMIND MY CHILD TO TAKE THE MEDICATION <input type="checkbox"/>
Will the course of medication end during the activity?	NO <input type="checkbox"/>	YES , the course will end on this date:

Only young people who are Covid 19 symptom free should attend the setting. Young people who have been symptomatic will be able to attend the setting following production of a negative test (clearly stating their name and date), or will need to complete the required isolation period of 7 days .If a young person has a symptomatic household member, the 14 day exclusion period rule applies, unless a negative test is produced.

Parent/Guardian's Signature: _____

I understand that I must deliver the medicine personally to the Young Carer Worker and I accept that this is a service which Carers' Resource is not obliged to undertake.

Signed: _____ Date: _____

Media consent form

Your name

Contact tel. no and email address

We would like to take photos and comments of you for promotional purposes. These words and images may appear on our website and newsletters, in our printed materials produced for promotional purposes including leaflets, posters and adverts, in materials sent out to the media, or in reports to funding bodies.

We won't include personal email or postal addresses, or phone numbers on our website or in printed publications. Websites can be seen across the world, not just in the UK, where UK law applies. To comply with General Data Protection Regulation, we need your permission before we take photos of you. Please answer the questions below, then sign and date the form.

Conditions of use

- We will not use the photographs for any other purposes than those mentioned above.- We will not include personal details (such as full postal addresses, or telephone number) on our website, printed materials or other marketing/promotional materials.
- Copyright of photographs taken will remain with the organisation named above.
- Carers' Resource will not re-use any photographs, audio recordings or video recordings of the child concerned that is incompatible with the purposes identified in above.
- If we use photographs of an individual, we will not use their full name in any accompanying text or caption.(separate consent would be sought)

Please note that websites can be viewed throughout the world and not just the United Kingdom, where UK law applies.

Please circle as appropriate:

Do you give permission for us to use photos of you on our website?	YES	NO
Do you give permission for us to use photos of you in our newsletters?	YES	NO
Do you give permission for us to use photos of you on social media?	YES	NO
Can we use quotes you provide about our services on our website?	YES	NO
Can we use quotes you provide about our services in our newsletters?	YES	NO
Can we use quotes you provide about our services on social media?	YES	NO
Can we include your first name and age in the above?	YES	NO

*Your name and signature:

*Your parent/guardian's name and signature:

*Today's date:

Please note that you can withdraw your permission for use at any time by contacting the young carer team info@carersresource.org, 01423 500555, 01274 449660, 01756 700888.

Carers' Resource holds your details securely. Our privacy notice is available on our website or from one of our offices.
www.carersresource.org/privacy/