



Appendix 7 - Example of Consent Form used by the Royal Borough of Kensington and Chelsea

- OSA Form 2a - Education Visit - Parent/Carer Consent Form

To be included with full briefing notes on nature of activity and visits for parents/carers.

Fast Forward Project

School/Organisation:- _____

Details of Visit/Activities

Venue:- _____

Date:- _____ Time:- (from) _____ (to) _____

I agree to my son/daughter _____ (full name) date of birth _____ taking part in this Visit/Activity. I have read the information sheet and agree to his/her participation in the activities described and acknowledge the need for _____ (name) to cooperate with staff and to behave responsibly.

Medical Information About Your Child

Does your child have a condition requiring routine treatment, e.g. medication? Yes No

If Yes, please give brief details including special measures such as in injection, means of storing the medication, how often to be taken, etc:- _____

Please outline any special dietary requirements:- _____

Please state the type of pain/temperature control medication that your child may be given, if needed. If you give no indication it will be assumed that no medication can be given unless prescribed by a medical practitioner:-





Has your son/daughter been in contact with any contagious or infectious diseases or suffered from (any illness) in the last four weeks that may be transmitted during the course of this activity/visit?

Yes No

If **Yes**,
please give
brief details:-

Is your son/daughter allergic to any medication/food, sun cream, materials?

Yes No

If **Yes**, please
specify:-

Has your son/daughter had a tetanus injection within the last ten years?

Yes No Unsure

Swimming Ability

Is your child able to swim more than 50 metres?

Yes No

Is your child confident in the pool?

Yes No

Is your child confident in the sea or in open inland water?

Yes No

Is your child safety conscious in water

Yes No

Do you consent to him/her taking part in swimming or water-based activities requiring swimming ability

Yes No

If **Yes**, please specify:

Contact Details in Case of an Emergency

Address:- _____ Postcode:- _____

Telephone:- (Home) _____ (Work) _____ (Mobile) _____

Alternative Emergency Contact:

Name and relationship:- _____





Address:- _____ Postcode:- _____
Telephone:- (Home) _____ (Work) _____ (Mobile) _____

Declaration

I agree to my son/daughter receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the authorities present.

I understand the extent and limitations of the insurance cover provided.

The personal information that is provided on this form will be handled by the Royal Borough in accordance with the Data Protection Act 1998. The information provided will be used for the purposes of conducting day trips and residential Off-Site Activities. This information will only be used for these activities and their related purposes. The information provided by parents/carers will be disclosed to emergency contact officers and host facilities where deemed appropriate (i.e. dietary requirements.)

I hereby understand that any sensitive information collected here (i.e. medical information) will be handled in accordance with the data protection notice as stated above.

Signed:- _____ Date:- _____

Full Name (Please use block letters):- _____

This form or a copy must be taken by the Group Leader on the visit. A copy should be retained by the EVC and the primary emergency contact.





Appendix 8- Code of Conduct for courses organised by Central London Connexions

Date:-

Course:-

Central London Connexions (CLC) and _____ agree to the following:-

- Provide high quality service and training
- Respect everyone regardless of race, religion, gender and sexuality.
- Respect the venue and all participants
- Respect other's opinions
- Challenge any inappropriate behaviour
- Create a safe environment.

I, (name) _____ agree to:-

- Give 100%.
- Respect everyone regardless of race, religion, gender and sexuality.
- Respect others opinions.
- Respect the venue and all staff.
- Switch off my mobile phone or keep it on silent.
- Be on time.
- Be drugs and alcohol free.
- Let the PA/trainer know if there is anything I do not understand or am not happy with
- Let my PA/CLC know if I cannot attend as I understand that my place can be given to someone else.

I understand that by not respecting this agreement I may:-

- Have to leave the course.
- Have to leave the Activity Agreement Pilot (If you are on this project).
- Not be able to do any other courses.
- May not get my allowance (if you are on Activity Agreement Pilot).

Young Person Signature:-

PA/CLC Youth worker Name:-

Signature:

Trainer Name

Signature:-





connexions
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Helping young people to access learning & work

