**Consent for offsite activities and trips**

This form must be filled in by your parent of guardian, or if you are over 18 yourself.

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| **Activity details and dates** | **Walk at Dee Coastline Tuesday 20th February 2018,** **Depart The Hive Youth Zone 13:00****Estimated time of return 16:00** |

 **Personal Details**

|  |  |
| --- | --- |
| **Full****Name** |  |

|  |  |
| --- | --- |
| **Address** |  |
| **Post Code** |  |
| **D.O.B**  |  |
| **Age** |  |
| **Gender** |  |

**Emergency Contacts –** Please give details of two people who can be contacted in an emergency, one of which must be parent, carer or guardian:

|  |  |  |
| --- | --- | --- |
|  | **Emergency Contact 1** | **Emergency Contact 2** |
| **Name**  |  |  |
| **Relationship to young person** |  |  |
| **Contact numbers (daytime and evening)** |  |  |
| **Address**  |  |  |

**Medical:** Please give details of all medical problems, conditions or medication including details of any allergies

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**Disability –** Please make us aware of any disability that affects daily activities and any support needed

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**Any other information** you would like us to know

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**We would like to photos and/or video the activity to promote the services that we offer to other members of The Hive. Photo’s and videos will only be used on our website, promotional material or social media.**

**PLEASE CROSS THE BOX IF YOU ARE HAPPY FOR THIS TO HAPPEN**

In signing below you give consent for the young person above to attend the offsite activity above. In the event of an emergency, when it is not possible for you to be contacted, you give consent for emergency medical treatment.

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| --- | --- | --- | --- |
| **Parent/Carer Signature** |  | **Date** |  |
| **Parent/Carer****Name** |  |
| **Relationship to Young Person** |  |

If you have any questions or need any help please contact the trip organiser/ground leader below

|  |  |
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| **Name** | **Andrew Lee** |
| **Phone Number** | **07542 025585** |
| **Email Address** | **andy@positivedevelopmentalchange.org** |