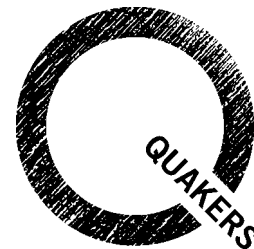


NB sections highlighted indicate age appropriate information yellow for 11-18s- and should be taken out accordingly. [Sections in brackets] indicate event specific information to alter accordingly

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



[Event Name]

Please complete this form by the deadline stated in your invitation mailing [date].

Please read the guidance and complete the form as requested. This Information and Consent form must be completed for all those participating in BYM CYP events. This form covers information required for insurance purposes (as BYM and its staff are responsible for the care and safety of participants). This also enables the effective planning and running of events taking into account the particular needs of those attending. This form will be handled, and the data on it will be stored, in electronic and paper forms in accordance with BYM Policies.

All participants need to agree to abide by the stated community agreement during the event, and accept responsibility for the consequences of any breaking of this community agreement (which may include being asked to leave the event). There is space for the participant to indicate their agreement to this in section 8 of the form.

Criteria under which you are completing the form:

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 such a case you should also indicate if the participant is a ward of court or a 'looked after child'.

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

1) About the participant

Participant first name

Participant last name

Name participant would like to be known by at the event

Participant Address

Postcode

Participant's landline number

Participant's mobile number

Participant's email (one that is checked regularly)

Please provide the participants email. This will be used to contact them by mail chimp (if permission is given) and for direct email communication. There is space later on the form to provide your own email address.

Term time address if different

Term time postcode

Dates at term address

Participant's Area Meeting

Gender (please state – this is used for rooming purposes)

Date of Birth [must be between DDMMYY and DDMMYY]

Age on [start date of event]

2) Participant's dietary information:

Participant's dietary preference: This helps us arrange the right food for the young person.

Omnivore Vegan Vegetarian Veg/Fish

Participant's dietary requirements: Please tick all requirements that are applicable.

Non-dairy Gluten free Food allergies Low fat Diabetic

Please provide further details of dietary requirements on a separate sheet

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. The first person should be the person who has parental responsibility or guardianship of the participant. The second person should - where possible - be at an alternative address to the first contact.

Parent/Guardian: First name _____ Last name _____

Relationship to participant _____ parent or _____ legal guardian or _____ social worker

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

Landline ☎ _____ Mobile ☎ _____

Email address (one that is checked regularly) _____

Address during event _____

Secondary emergency contact: First name _____ Last name _____

Relationship to participant _____

Landline ☎ _____ Mobile ☎ _____

Address during event _____

4) Participant needs:

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 the participant is taken ill we have the appropriate information, to hand to health care professionals.

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, hearing impairment, etc) | 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, Hyper-mobility Syndrome etc)	Yes/No
f	Sensory and physical needs (e.g. impaired hearing or sight, colour blindness, restricted mobility, etc)	Yes/No
g	Social/emotional health (e.g. young carer, third culture individual, low self-esteem, 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-g) require medical treatment?	Yes/No

If you have answered yes to the question under point 4 (a-h) please read the sheet 'providing information on participant needs' which outlines the details required.

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

The participant can be administered their medication by an adult team member in an emergency Yes / No / n/a

I consider my child/ward **myself** to be medically & psychologically fit to participate in this event. Yes

5) Medical information:

It is your responsibility to notify us, in advance of the event, of any changes in the medical information or medical treatment detailed on the enclosed form. Any updates should be written, signed and sent to **[name and email of person responsible for event]**.

You must also contact us if the participant is exposed to, or suffers from any infectious disease 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.

Name of GP	Surgery phone number	Date of last anti-tetanus	DDMMYY
Surgery address			

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
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*If No: please provide detail below (e.g. no plasters, no waterproof plasters, no latex etc.)

In the event of an emergency or accident

Should your child/ward become ill or have an accident, every effort will be made to contact you as soon as possible. In the event of an emergency or accident we will call the emergency services first. Healthcare professionals may give treatment immediately when it is in the young person's best interests. For them to attend the event, you must 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

6) Data protection: Use of data and images

In accordance with the Data Protection, 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. Britain Yearly Meeting uses images of Quakers to attract new members. Good images also encourage people to take part in our activities. We need you to indicate whether you give your consent for images of the participant to be used in printed materials and on our website, social media channels and for 11-18's in videos. We will not identify them by name or local meeting, some materials may be created with partnership organisations.

Should you wish to withdraw your consent to the following at any time, please contact **[email of person responsible]**

Image consent: Do you actively consent to the participant's image to be used under the above conditions*

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.

Data consent Do you actively consent to the contact information you have provided being used to send promotional information about future events and opportunities?

Yes/No

Online communications The [CYP] staff use [social media and mail chimp] to communicate with young people about the event and ways they can be involved in opportunities within Quakerism and young people's organisations:

Yes/No

Mailchimp Do you actively consent to the above data being used to make contact using mailchimp. In agreeing to this you acknowledge that the information you provide will be transferred to MailChimp for processing in accordance with their privacy policy <https://mailchimp.com/legal/privacy/> and terms <https://mailchimp.com/legal/terms/>

Yes/No

Social media Do you actively consent to us contacting the participant using BYM social media accounts (we will only contact children over the age of 13 using social media: [Facebook, Instagram and Twitter])

Yes/No

7) Event Consents Please read and indicate your consent below:

- a I give permission for the named participant to take part in this event.
- b I understand that there will be consequences if the participant breaks the 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).
- c I understand that if my child/ward/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/me 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 understand where relevant the information on this form will be shared with the event team and the venue, and if necessary with emergency services.

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.

Community agreement I understand that the participant's place is conditional on them signing up to the event community agreement. This was agreed by the young people planning the event. And will be sent out to participants in [month].

Yes/No

Sexual health, sexuality and gender identity I give permission for my child/ward to participate in any optional sessions provided that cover sexuality and gender identity, sexual health, consent and contraception.

Yes/No

Outward bound activities I give permission for my child/ward to participate in any outward bound activities that may be offered on the programme.

Yes/No

Signature and event consents To be completed by parent/ over 18 participant/ legal guardian/social worker
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 and for the named participant to attend as stated. If you would like further information or have questions about any part of this form please contact the person responsible for the event [name and contact details of person responsible]

Signed

Print name

Date

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 [event] staff team may contact you before the event to help plan any additional support. Please send any updates to the information you provide to [name] who can be contacted at email: [email] phone: [phone number].

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 **[name, email and phone number of person responsible]**.