

PARENT/CARER CONSENT FORM FOR ALTERNATIVE PROVISION

This two-page form should be read with the accompanying information/letter about the placement. All sections must be completed. Please answer with details or by stating N/A (not applicable) for the medical and dietary sections. This information is requested to enable staff to be fully informed and act in the interest of all participants.



*Creating Safe Connections & Environments
that Promote Development*

GENERAL INFORMATION

Name of Young Person:

Date of Birth:

School / Establishment:

Date completed:

Placement information: Reach Alternative Education placement, forming part of education provision for the student. Youth Work team, providing one to one and group placements, offsite from school, using one of Reach's bases across Somerset. Using Youth Workers cars as transport, and a range of activities including group work, mentoring, life skills, outdoor education session, visits to sites/public amenities and activity providers across the South West. Please contact Reach directly to discuss activities and programme content/should you wish to arrange a visit.

MEDICAL & DIETARY INFORMATION

If the Young Person has any **condition** or **impairment** that may require **specific management, medical treatment** and/or **medication** during the outlined activity/trip/visit please detail:

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If the Young Person has any **allergies** or is **allergic to a medication** please supply details:

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If the Young Person has had any **recent illnesses, accidents** or **injury** which staff should be aware of please supply details:

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Date of the Young Person's **last anti-tetanus injection:**

Can the Young Person Swim: Yes / No / Weak

Height:

If the Young Person has any **essential dietary requirements**, please supply details below:

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.....

Please turn over

EMERGENCY CONTACT

Name of Parent / Carer:

Address:

Emergency Telephone Number

Daytime: Evening:

Please provide two **alternative emergency contacts** should parent/carers not be available:

1. Name: Relationship to Young Person:

Address:

Emergency Telephone Number

Daytime: Evening:

2. Name: Relationship to Young Person:

Address:

Emergency Telephone Number:

Daytime: Evening:

If you feel that further details or a discussion is required regarding any of the information that you have supplied, please contact Reach prior to the start of the placement

DECLARATION

I understand that all reasonable care will be taken of the Young Person during the placement and that they will be under an obligation to follow all directions and instructions given and observe all rules and regulations governing the placement and activities.

I understand that if the Young Person is a cause of danger to themselves or to others, then they may be sent home early from the placement day. In such a situation you and the school will be notified first.

I understand the extent and limitations of the insurance cover provided and whilst the establishment staff in charge of the group will take all reasonable care, they cannot necessarily be held responsible for any loss or damage suffered by the Young Person during the visit. I understand that all visits are covered by public liability insurance, and I can contact the school/Reach if I require further details. Please note that personal accident cover is not included in the cover provided by the school/Reach. It is the responsibility of the Parent/Carer to take out suitable personal accident cover, should they require it.

I agree to the Young Person receiving medical care if required. This would include first aid and any emergency dental, medical or surgical treatment as considered necessary by the medical authorities present in the best interest of your Young Person.

I give permission for the Young Person to be photographed/filmed during this placement (for possible use in displays/presentations, marketing materials for sending to schools and our website).

If you **do not** give permission for photos to be taken, please tick this box.

☐

Having been informed through the details supplied. I consent to the Young Person taking part in this placement. This includes consent for them to take part in all the outdoor activities, group work, one to one support and car travel opportunities supplied by Reach.

Full name of Parent/Carer (print name please):

Signed: Date:

EXPLANATORY NOTES

This form serves several important functions:

1. It confirms your knowledge of and your agreement to the Young Person's participation in the placement.
2. It gives the supervising staff immediate information on how to contact you in an emergency.
3. It contains information about the Young Person together with your consent to medical treatment if required.
4. It advises you that Reach will NOT necessarily be legally liable for every type of loss suffered by a child whilst on a visit.
5. The completion and returning of this form are essential to enable the Young Person to participate in the placement.
6. If you wish to discuss any of the contents of this form, please contact us.