

Young Person's Information:

Full name:

Date of birth:

Gender:

School:

School Year:

Home address:

Home telephone number:

Young person's mobile number (if appropriate):

Young person's email address (if appropriate):

Young Person's Information: *(If the answer is 'yes' to any of these questions, please give details. Continue on back of form if necessary.)*

Does your son/daughter have any special dietary requirements or allergies? **YES / NO**

Does your son/daughter have a medical condition/disability/allergy? **YES / NO**

Does your son/daughter have any special needs? **YES / NO**

Is there any other information which would be helpful for us to know about? **YES / NO**

GP Details (Dr's Name, Address, Phone Number):

I consent for my son/daughter to receive appropriate First Aid treatment (e.g. items in a First Aid Kit) **YES / NO**

I give permission for my son/daughter to appear in photos and video that can be used for publicity and promotion purposes. I understand that the identity of my child will be protected in all publication. **YES / NO**

I give permission for my son/daughter to travel home independently. **YES / NO**

Name of anyone **NOT** allowed to collect my son/daughter:

Relationship to child:

Parent/Carer Information:

Names of Parent(s)/Carer(s):

Home address (if different to young person's):

Contact number/s:

Email addresses:

Name of an alternative adult in case of emergencies:

Contact Number:

I consent to the details provided being added to the St Thomas with St Stephen data-base for communication purposes. I Understand that the information provided will not be given to third parties. **YES / NO**

Parent/Carer Signature:

Date: