

Your Child may be photographed or recorded on video whilst attending The Box Youth Project or out on an activity. We may use this material for promotional purposes within The Box Youth Project or to show our funders. Please circle as applicable:

I DO / DO NOT give consent. SIGNED: \_\_\_\_\_

Your child may have access to the internet & will need your permission to use our computers. The Box Youth Project will supervise all internet access and monitor the sites for age appropriate suitability.

I DO / DO NOT give consent. SIGNED: \_\_\_\_\_

*To all young people and parents/carers:*

Would you like us to keep you up to date with activities or events we are running?

Please provide your email address: \_\_\_\_\_

Your mobile number: \_\_\_\_\_

Why not add us on Facebook!

PLEASE NOTE: A £1 Annual membership fee must be returned with this form. This entitles the member to access opportunities with The Box Youth Project.

For project use only

£1 Annual membership received by (staff initials): \_\_\_\_\_

Date received: \_\_\_\_\_

Session received in: \_\_\_\_\_

Version 01/04/13



**MEMBERSHIP & MEDICAL CONSENT FORM**  
(TO BE RENEWED ANNUALLY)

This is a legally binding document and we will trust that it has been completed and signed by the legal parent/carer who is aged 18 years or older.

Name of Child: \_\_\_\_\_

Address \_\_\_\_\_

Post Code: \_\_\_\_\_ School: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Ethnicity: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Signature of Parent/Carer: \_\_\_\_\_

Relationship to named Child: \_\_\_\_\_

Date: \_\_\_\_\_ Parent/Carer Mobile number: \_\_\_\_\_

In the event of an emergency please provide alternative contact details of a 2<sup>nd</sup> person who may give parental/carer consent in the event that you cannot be contacted.

Name: \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Contact telephone Number: \_\_\_\_\_

The Box Youth Project

Hall Farm Road, Hall Farm, Sunderland, SR3 2UY

Tel: 5225031

Email: [theboxyouthproject@googlemail.com](mailto:theboxyouthproject@googlemail.com)

[www.theboxyouthproject.co.uk](http://www.theboxyouthproject.co.uk)

Health and Medical Questionnaire

Please circle your response to each statement/question

Does your child suffer from any of the following?

- Ear trouble Yes No
  - Travel Sickness Yes No
  - ADHD Yes No
  - Any Allergies Yes No
- Please give details: \_\_\_\_\_

- Asthma Yes No
- Is an Inhaler required? (if yes this is to be brought each session to The Box Youth Project) Yes No

- Diabetes Yes No
- Epileptic seizures/fainting attacks or blackouts Yes No
- Any other conditions you feel we should know about? Yes No

Please give details: \_\_\_\_\_

- Is your child pregnant ? Yes No
- Has your child been in contact with any infectious diseases during the last 3 weeks? Yes No

In the event of my child becoming ill I understand that every effort will be made to contact me but if this is not possible, I authorise The Box Youth Project staff to consent to any medical treatment including inoculations, surgery or blood transfusions from a qualified medical practitioner which in the opinion of the qualified medical practitioner may be necessary for my child's safety/life unless I have stated any exceptions below.

Name & Address of family doctor: \_\_\_\_\_  
Yes No

Does your child take any sort of medicine or receive any medical treatment? Yes No

Name of medication \_\_\_\_\_

Dose \_\_\_\_\_ How often \_\_\_\_\_

If any medication listed above needs to be taken whilst your child is in our care, this is the responsibility of your child.

Signed \_\_\_\_\_ (Parent/carer)

**Declaration**

Please circle your response to each statement/question

I have fully read the information and understand that if I have any queries I can contact a member of The Box Youth Project Staff. Yes No

I understand that whilst my child is in the care of The Box Youth Project they will be subject to a general code of conduct. Failure to comply will result in contact being made with a parent/carer at any time of the day or night and your child may be sent home if necessary. If this happens it will be your responsibility to collect your child from the activity/venue. Yes No

Your child may escorted to and from an activity/venue using The Box Youth Project minibus or public transport. Do you give your consent? Yes No

I understand that whilst my child is participating in activities organised by The Box Youth Project they are responsible for their own personal belongings. If possessions are lost, damaged or stolen The Box Youth Project cannot be held liable. Yes No

We may offer opportunities for young people to get involved in water based activities. Can your child swim a minimum of 25 metres? Yes No

I understand that The Box Youth Project Staff may share information with partnership agencies including Local Authorities, Youth Offending Service, The Police and others. Any information shared will be the minimum necessary and will be controlled under the Data Protection Act 1998. Yes No

***The Box Youth Project are committed to respond in accordance with Sunderland Safeguarding Children Board in all cases where there is a concern about significant harm regarding any child/young person.***