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| --- |
| **This section is for the young person’s details** |
| Young Person’s First Name | Young Person’s Surname | Date of Birth |
|  |  |  |
|  Young Person’s Mobile Number | Young Person’s Email Address | School & Year  |
|  |  |  |
| Young Person’s Home Address |  |
| Name of Young Person’s Doctor  | Doctor’s Address | Doctor’s Phone Number |
|  |  |  |

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| **This section is for parent/carers/emergency contact details** |
| 1. Full Name of first contact
 | Address if different  | What is your relationship to the young person above? |
|  |  |  |
| Mobile Number | Landline | Email Address |
|  |  |  |
| **Optional second contact – but this person will also need to sign this form for us to hold their details** |
| 1. Full Name of second contact
 | Address if different | What is your relationship to the young person above? |
|  |  |  |
| Mobile Number | Landline | Email Address |
|  |  |  |

**The King’s Arms Consent Form**

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| **Medical & Dietary Consent** |
| **I consent to my child…**  | **Yes** | **No** |
| being offered mild painkillers (paracetamol) should the need arise(This only applies if the young person has been in our care for 4+ hours) |  |  |
| having plasters applied in the event of injury |  |  |
| **Does your child suffer from…?** | **Yes** | **No** |
| Asthma |  |  |
| Hay fever |  |  |
| Heart condition |  |  |
| Epilepsy, fainting, or blackouts |  |  |
| Severe headaches or migraine |  |  |
| Diabetes |  |  |
| Allergies |  |  |
| Travel sickness |  |  |
| Fears or phobias |  |  |
| Other illness or disability |  |  |
| **If you have ticked “Yes” to any of the above please give details below** |
|  |
| **Does your young person have any dietary requirements?** |
|  |

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| **Consents** |
| **Consent is given for the young person named above to…** | **Yes** | **No** |
| take part in all KA youth activities, including online provision, and having FUN |  |  |
| be contacted by KA on their mobile & by email for updates and information |  |  |
| have access to the internet when at a youth centre |  |  |
| be in photos or videos that may be published on our website, social media, displays or promotional leaflets  |  |  |
| receive any emergency medical treatment that they may need if parents/carers cannot be contacted |  |  |

|  |  |  |
| --- | --- | --- |
| **Agreements** | **Yes** | **No** |
| The young person agrees to abide by the **Code of Conduct** - Respect and Inclusion, when engaging in KA activities **(see next page)** |  |  |
| The young person agrees to abide by the **Respect the Net** policy when using any internet **(see next page)** |  |  |

|  |  |  |
| --- | --- | --- |
| **GDPR** | **Yes** | **No** |
| As a parent/carer, I am happy to receive updates from KA and a regular newsletter |  |  |
| I understand that data on this form will be stored in compliance with the King’s Arms Data Protection Policy and consent to this  |  |  |

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| **Confidentiality Statement** |
| What happens in KA stays in KA and we respect the confidentiality that young people entrust us with. We will not share this information outside of KA without your permission unless we have a concern about a young person’s safety. |

**I have read the above and give my consent.**

|  |  |  |
| --- | --- | --- |
| Print name (Parent/Carer 1) | Print name (Parent/Carer 2) | Print name (young person) |
| Signature  | Signature  | Signature  |
| Date | Date | Date |

**Please inform us if any of the above information changes.**

|  |
| --- |
| **Code of Conduct*****Being Inclusive**** We aim to be welcoming and approachable.
* We want to make sure no one is left out.
* We accept everyone for who they are.

***Being Respectful*** * We aim to value ourselves, others and our environments.
* We want to be like a family who treat each other well.
* We care about the feelings, wishes and rights of others.
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| **Respect the Net*****Respect yourself*** *-* Stay safe. Keep personal information private. No meeting anyone who contacts you online.***Respect others*** - Respect other people’s freedom to a safe and positive Internet experience. No online bullying.***Respect the law -*** Use only for legal purposes as appropriate to a youth centre. Nothing unlawful or offensive.***Respect other people’s property -*** Copyrighted software, games, images, music and videos belong to people. No stealing.***Respect The King’s Arms IT System -*** Keep KA network safe and secure. No changing settings, or unauthorised access. |

**Return this form**

***Email:*** Return to the youth worker who sent it to you or to info@thekingsarms.org.uk

* If possible please scan/photo and return a signed copy
* otherwise just return the form from your email address with a note in the email of consent

***Post:*** Send to The King’s Arms, 20 Dragon Street, Petersfield, GU31 4JJ

***Deliver:*** Post through the letterbox of either of our local King’s Arms youth centres.