



Registration & General Consent Form (Under 18)

Name of young person _____

Likes to be called _____

Date of birth _____ Age _____

Address _____

_____ Postcode _____

Mobile telephone number (if they have one) _____

With whom does the child/young person live? _____

Relationship to the child/young person _____

Who has parental responsibility for the child/young person?

Name _____

Address (*if different to above*) _____

_____ Postcode _____

Contact number(s) _____

E-mail address _____

Emergency contact details (this should be the person who would be able to respond in the case of an emergency).

1st Contact

Name _____

Contact number(s) _____

Address _____

_____ Postcode _____

Relationship to child _____

2nd Contact

Name _____

Contact number(s) _____

Address _____

_____ Postcode _____

Relationship to child _____

Medical details

Is tetanus injection up to date? Yes/No

Any known medical conditions or disability? Please give full details _____

Describe your mobility and list any mobility equipment used and frequency

eg wheelchair user just for long distances, powered wheelchair used all the time, walk unaided etc

Food allergies or special requirements _____

Details of any medication currently being taken _____

Can the young person self-administer medication? Yes/No

Will any medication be needed whilst at event? Yes/No

If assistance is needed with medication please contact us on 07900 278780.

Doctor information

Name of family doctor _____

Telephone number _____

Address _____

_____ Postcode _____

More detail

Feeling Included - specific likes and dislikes, having a particular person identified to provide support, the session not being too noisy, participation in groups. Food I like. Food I don't like. Activities I like / don't like. My interests and dislikes

Choices/Decisions – Is support required to help with choices and decision making?
eg. choosing own food or drinks, staying safe generally

Communication - this may include: sign interpretation, makaton, communication boards, assistive technologies, symbols, induction loops, braille, simple language etc. Preferred communication method, other methods, Communication equipment required, any other considerations

Parent/guardian Authorisation

I give permission for to take part in the normal activities of this group. I understand that separate permission will be sought for certain activities, including outings lasting longer than the normal meetings times of the group.

In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic as deemed necessary by medical professionals.

Signature of parent/guardian (or adult with parental responsibility):

.....

Print name:

Date:

.....

Data protection

The Mae Murray Foundation values personal privacy and all information collected will be stored in line with our Data Protection Policy and Procedures. A copy is available upon request. This information will always be kept safe and secure. We will not share your information with any third party. You can view our full Privacy Policy by visiting our website: www.maemurrayfoundation.org .

We would like to correspond with you about membership benefits, events, projects design, and how we can improve the service we provide to you and/or your family. We may also send information from other organisations that may be of benefit to you and your family. We will correspond with you in a variety of ways such as: by post, telephone, email and SMS. If you agree to your information, which is essential for safe-guarding to be stored in line with data protection procedures and to being contacted this way, please sign below:

Signature of parent/guardian (or adult with parental responsibility):

.....

Print name:

Date:

.....

Residential Information and Consent

The following must be discussed with and agreed by young person, involving significant others and best interest decision made. Please place an X beside choice.

the event leader to sign, on my behalf, any form of written consent required by hospital authorities should medical treatment be required and any delay in requiring my permission to do so would, in the opinion of the doctor/surgeon, endanger health or safety

Yes No

medication to be administered as per the medical sheet provided and signed by the parent/carer and GP

Yes No

to be included in photographs or films as per separate consent form

Yes No

to wear any soft restraints other than a lap belt eg foot straps etc at times OTHER than in transport. Please list

Yes No

to have bed sides raised (where applicable)

Yes No

to remain in my wheelchair; which has I confirm has been crash tested, during transport in a vehicle

Yes No

to receive night time monitoring through either listening device or regular visual checks (where required)

Yes No

for my money to be kept by others and signed out as required (if required)

Yes No

to take part in activities of my choosing

Yes No

to be hoisted using own sling for transfers, following individual assessment

Yes No

Overnight routines or requirements we need to know about.

Please detail your night time requirements including support required, how you seek support

Please list anything else which will need to be attended to eg charge electric chair etc

Please detail any other equipment required or which you wish to provide along information in respect of showering eg. Shower chair, flip down seat, changing bed etc

Medical/Nursing Assistance or Intervention

If assistance with administration of medication is needed, or if our staff will be required to assist with any specific medical or nursing need - which may require specific training, then please ask your GP to complete the details below and submit it to us as soon as possible. We will need to assess this need to ensure we have staff with appropriate training before confirming participation in a residential. Thank you.

Medication	Dosage	Frequency

Please state any medical/nursing need eg.colostomy etc or any assistance which may need to be given to the below named patient which requires specific medical training; eg epileptic seizures etc

I (GP Name Block Capitals) confirm that the above information hereby given in respect of the below named patient is correct as of (date)

(Name of patient)..... D.O.B.

GP Signature

I (Parent/Guardian Name) being the legal guardian of the above named person hereby agree to immediately inform the Mae Murray Foundation of any changes to this information.

SIGNED Date

Parent/guardian Residential Break Authorisation

I give permission for to take part in a residential break, including any activities of his/her choice unless I have expressly directed otherwise on the Participant Registration Form.

I also agree to ensure that all any equipment I send will be in good repair. However, in the event of breakdown, I give permission for any temporary intervention which may be deemed necessary to ensure safety.

In an emergency and/or I cannot be contacted, I am willing for my child to receive necessary hospital or dental treatment including anaesthetic as deemed necessary by medical professionals.

Signature of parent/guardian (or adult with parental responsibility):

.....

Print name:

Date:

.....

Data protection

The Mae Murray Foundation values personal privacy and all information collected will be stored in line with our Data Protection Policy and Procedures. A copy is available upon request. Young people can request to see information we hold about them at any time. This information will always be kept safe and secure.

Please delete as appropriate:

- I give my permission for this information, which is essential for Safe-guarding to be stored in line with Data Protection procedures.

Signature of parent/guardian (or adult with parental responsibility):

.....

Print name:

Date:

.....

