



***This form must be completed and returned to us before the Young Carer can be considered for any activities with Carers in Hertfordshire***



charity registration number 1085491

**Annual Young Carers Trips, Activity & Event  
Consent & Medical Information Form 2020**

Full Name of Young Carer: \_\_\_\_\_

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

Name of Parent/Guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Home No: \_\_\_\_\_ Work No: \_\_\_\_\_

Parent Mobile: \_\_\_\_\_ Young Carer Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_ Parent/Young Carer (please circle/delete)

Second Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Doctor's Name & Address: \_\_\_\_\_

School Attended: \_\_\_\_\_

Is any current medical treatment being received by your child? (Ailment and medication)  
(This includes ASTHMA)

Does your child have any allergies (e.g. Nuts, Bee Stings, Penicillin)? If so what action is required (e.g. Antihistamines or Epi Pen)?

Are there any special dietary needs (including medical or religious) that we should be aware of?

Has your child any additional needs? Please describe how this affects your child (any fears, special needs or anything else).

Is there anything else we should be aware of that may affect medical treatment in an emergency (e.g. religious or ethical issues)?

*We request that where possible you transport your child to and from venues/ pick up points. Saving on transport will help us provide a wider range of trips and activities. We are able to pay mileage expenses.*

- 1. I give my consent for my child to participate fully in activities organised by Carers in Hertfordshire’s Young Carers Service until the end of January 2021.
- 2. I give consent for any medical information, allergies, disabilities/additional needs or demographic information (e.g. age, gender, ethnicity, religion) that I have written above or shared previously with Carers in Hertfordshire to be stored on our secure database.
- 3. I give consent for my child to be given basic First Aid treatment.
- 4. I give consent for any emergency medical treatment necessary and therefore authorise the Activity Leader to sign on my behalf any written form of consent required by the Hospital Authorities should any medical treatment be necessary and provided that I am absent and every effort has been made to contact me.

5. I give my consent for: (please tick as appropriate)

a) Story/images/video of the Young Carer to be used in Carers in Hertfordshire’s printed publicity. Yes  No

b) I give my consent for the story/images/video of the Young Carer to be used on Carers in Hertfordshire’s website. Yes  No

c) I give my consent for the story/images/video of the Young Carer to be used on social media channels (including but not limited to Facebook, Instagram, Twitter, YouTube; also noting that we cannot limit shares of our content by other sources). Yes  No

d) We sometimes send publicity material about our services, including photographs, videos etc where appropriate, to the news media and partner organisations, who may use the image in printed and/ or electronic form and then store it in their archive. They may also capture their own photos/footage. Can we use the photograph/video, of the young carer, in this way? Yes  No

6. I agree to Carers in Hertfordshire contacting me using the details I have supplied above by:

Post: Yes  No  Email: Yes  No  Telephone: Yes  No

7. I agree to receiving text messages for the purpose of updating and confirming activities or services from Carers in Hertfordshire. Yes  No

8. I will inform Carers in Hertfordshire of any changes to this information prior to my child attending any activity or event.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Young Carer’s Name: \_\_\_\_\_