

# YUSU Volunteering Kids' Camp

University of York Student Union  
The Student Centre, University of York,  
James College, Newton Way, Heslington, York,  
YO10 5DD.



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- THIS FORM IS TO BE FILLED IN BY THE PARENT/CARER.
- EACH FORM IS FOR THE REFERRAL OF ONE CHILD ONLY. SIBLINGS WILL REQUIRE A SEPARATE FORM.
- PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS USING BLACK INK.
- PLEASE ENSURE THAT EVERY QUESTION IS ANSWERED IN FULL.

## Child's Personal Details

First-name..... Date of Birth .....

Surname..... Age.....

Address..... Male / Female

.....

City.....

Postcode.....

Full name of Parent/Carer .....

Mobile No .....

Email.....

Address & Phone Number (where responsible person can be contacted in case of emergency)

.....

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**Child's Medical Details**

Doctor's name and address

Dr's Tel. Number

.....

NHS number .....

Medical Problems (e.g. Bedwetting, Epilepsy, Travel sickness, Asthma etc) and details of medication your child is taking.

.....

Has your child any known allergies? Yes/No.....

Can we use plasters on your child? Yes/No

Can we use antiseptic wipes on your child? Yes/No

Is your child up to date with their tetanus injection? Yes/No

Can we use suntan lotion on your child? Yes/No

Does your child have any special dietary requirements? Details.....

Please give details regarding your child's temperament and any behavioural conditions that they may have.

Is there any particular manner with which to deal with this most effectively?

**"I consent to any emergency treatment necessary during the course of each camp and therefore authorise the Student Volunteers to sign on my behalf any written consent form by the hospital authorities, should a surgical operation or serum injection be deemed necessary and provided that the delay to obtain my signature may be considered, in the opinion of the doctor or surgeon concerned, likely to endanger my child's health or safety.**

**"I agree to my child participating in the camp and I understand that YUSU Volunteering projects, the Students' Union and the University of York cannot be held liable for any accidents or loss of possessions which may occur during this period."**

**"I agree that if my child's behavior is deemed to be putting other children or volunteers at risk of physical harm or is causing them undue distress my child may be required to leave the Camp with immediate effect. Your child will be transported home where an adult must be present."**

Signed (Parent/Guardian)

Date

## Photographic Permission Form

This form is to be completed by an adult with parental responsibility for the child or young person.

Please fill in the blanks and delete as applicable.

- I agree that .....can be photographed by the KIDS' CAMP, University of York Students' Union, YUSU Volunteering Project.
- I understand that the images will be used to promote the scheme and may be used for publications, newsletters, magazine articles or advertisements about YUSU VOLUNTEERING "KIDS CAMP" only.  
NB\**Photographs will not be taken of children during swimming activities.*
- I give my permission for .....name to be used with accompanying information that is published along side the photographs taken on KIDS CAMP.

Childs name .....

Your full name in capitals.....

Relationship to child.....

Signed.....

Date.....

# CONSENT FORM FOR SWIMMING ACTIVITIES OR ACTIVITIES WHERE BEING ABLE TO SWIM IS ESSENTIAL

Please note that parental consent does not remove the need for group leaders to ascertain for themselves the level of the pupil's swimming ability.

This form or a copy of it should be taken by the Camp leader on the visit. A copy should be retained by the Students Union

## Swimming ability

- Is your child able to swim 50 metres? Yes/No
- Is your child confident in a pool? Yes/No
- Is your child confident in the sea or in open inland water? Yes/No
- Is your child safety conscious in water? Yes/No

• I would like (name) to take part in the specified visit and, having read the information provided, I agree to him/her taking part in the activities described.

• I consent to any emergency medical treatment required by my child during the course of the visit.

• I confirm that my child is in good health and I consider him/her fit to participate.

Signed:

Date:

Full name of parent/guardian (print):

Relationship to child:

This form is intended for obtaining the permission of parents for their children to take part in swimming activities.

It is based on a form in the DfEE publication 'Health and safety of pupils on educational visits'.