

Y Services for Young People
Membership details and medical information

September 2020 Covid-19 information *(compliant to test and trace programme)*

Personal details of young person

First name.....Surname/ Family Name.....
DOB..... Ethnicity **Mobile.....**
Age.....male / female / NB / other gender
Address
.....Post code

Personal details of next of kin

Name of next of kin (parent/carer)
Next of kin address during the youth project
..... Post code
Mobile..... Email.....

Y Services will be participating in the governments Test and Trace programme and will pass on details as appropriate in the event of either a member of staff or young person becoming ill or contracting Covid-19

Name and Surgery of participant's doctor
Telephone no NHS no (if known)

He/she/they is/are in good health and I consider him/her/them to be capable of taking part in the project activities

Signed
Please print name here

Consent for taking images

During our visit or venture we are likely to take pictures and videos. We would like to use these in presentations, displays or in our own booklets, newsletters or publicity.

In the event of any images of my child/me being taken, I consent to them being used for educational and promotional purposes. Yes No

I understand that if my child is/I am easily identifiable (e.g. a close facial shot) I will be informed first.

I consent to the images being used on the website, Facebook and Instagram Yes No

(for participants under 18 years of age) by Person with parental responsibility

SignedDate.....

Print name in full

(for participants over 18 years of age) by young person themselves

SignedDate.....

Print name in full

If you have any further queries regarding any of the statements questions or information presented in this form - please contact info@yservices.co.uk



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Data Protection

We require this information for our Health and Safety process and to measure the numbers of participants. We will use this information to feedback to our funders about the impact of our work. We will use this information with the express purpose to keep your young person safe during the Coronavirus Pandemic. Please can you provide us with the following information to help us understand the risks and plan.

Please ring any that apply to you below:

clinically vulnerable / I'm extremely clinically vulnerable / I live with a clinically vulnerable person I'm
 live with an extremely clinically vulnerable person / I am BAME I

You agree to inform your youth worker if

Someone in your household is self-isolating or you become ill during a youth project, so that we can call your parent/carer to come and collect you. YES / NO

You agree to the following whilst at youth club

Wear a face covering. Bringing your own drink/snacks with you to be consumed yourself and not shared with anyone. Wash/sanitise your hands on arrival, after using any equipment, going to the toilet, before you leave the youth session and as directed by your youth workers as needed. Not to come to the youth project if you have any of the symptoms of COVID. Have your temperature checked at the beginning of the session (via Non-Contact Digital Infrared Forehead Thermometer)

Medical information: Has the young person had any of the following?

Asthma or bronchitis	Yes No	Allergies to any known medication	Yes No
Heart condition	Yes No	Any other allergies, e.g. material, food, plasters	Yes No
Fits, fainting or blackouts	Yes No	Other illness or disability	Yes No
Severe headaches	Yes No	Travel sickness	Yes No
Diabetes	Yes No	Regular medication	Yes No

If the answer to any of these questions is Yes, please give details:

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If it is considered necessary, do you agree to mild painkillers (e.g.: Paracetamol) being administered? Yes No

Has the participant received vaccination against Tetanus in the last 10 years? Yes No

Is the participant receiving medical or surgical treatment of any kind from either their family doctor or hospital? Yes No

Has the participant been given specific medical advice to follow in emergencies? Yes No

Please give any information you think we may need on a separate sheet. In the case of an accident or injury whilst the young person is in our care, our policy is to administer 1st aid, then call parents and if necessary an ambulance. We may have to take the decision to take your child to A+E .

In the event of illness or accident, I consent to any necessary medical treatment, which might include the use of anaesthetics and if necessary travel to hospital.

(for participants under 18 years of age) by Person with parental responsibility

SignedDate.....

Print name in full

I am over 18 years SignedDate

Print name in full

