



## 2021 Activity Days – Application Form

The following information is required to help course members gain as much benefit as possible from their visit to White Hall Centre and all information you supply will be regarded as confidential.

We would appreciate your support in completing this form as fully as you can.

### General Information of young person attending course:

Dates: From: \_\_\_\_\_ To: \_\_\_\_\_

Surname: \_\_\_\_\_ First Name(s): \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male / Female

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

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

### Contact Information:

Contact Name: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Mobile: \_\_\_\_\_

### Alternative emergency contact:

Name: \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_ Mobile: \_\_\_\_\_

**Please ensure that we can contact someone at all times during the course.**



**Medical Information:**

1. Does your child have any conditions requiring medical treatment, or take any medication regularly? YES / NO

**If YES**, please specify: \_\_\_\_\_

\_\_\_\_\_

2. Please specify the name, route, dosage frequency of any medication your child/young person needs to be given:

\_\_\_\_\_

\_\_\_\_\_

3. Please specify the type of pain relief and flu medication your child/young person may be given if necessary:

\_\_\_\_\_

\_\_\_\_\_

4. Please give details of any medical or behavioural issues, or other additional needs your Child has:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

5. Does your child have any medical allergies? YES / NO

**If YES**, please specify: \_\_\_\_\_

\_\_\_\_\_

6. When did your child last have a tetanus injection? \_\_\_\_\_

7. To the best of your knowledge has your child been in contact with any contagious or infectious diseases, or have they suffered from anything in the last four weeks that may be contagious or infectious? YES / NO

**If YES**, please give details: \_\_\_\_\_

\_\_\_\_\_

8. Name and address of your family Doctor: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_



**Personal information:**

1. Does your child have any special dietary requirements or particular allergies?  
YES / NO

If **YES**, please give details: \_\_\_\_\_  
\_\_\_\_\_

2. Can your child swim? YES / NO

3. Can your child ride a bike? YES / NO

4. Does your child have any other special requirements or needs, or is there anything else that you think we should know?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Photographs may be taken of students for centre marketing. If you **do not** wish for your child's image to be used please tick this box.

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**Please Note: it is very important that you let White Hall know, as soon as possible, should any of the above information change.**

## Declaration:

I have read the information for course members and their parents/guardians and understand the nature of the course. I agree to abide by any safety requirements (and, for under 18's, consent to my child taking part).

- I understand that in the event of accident, loss or damage, Derbyshire County Council will only accept liability where the accident, loss or damage is caused by the negligence of the County Council, its employees, agents or subcontractors.
- I understand that personal accident, loss or damage and cancellation insurance must be arranged by myself or by the party leader on my behalf (check with the party leader).
- I understand that every effort will be made to obtain parental consent for any necessary medical treatment. I agree to the above named young person receiving medication as detailed by me, and any emergency dental, medical or surgical treatment, including anaesthesia and/or blood transfusion, as considered necessary by the medical authorities if I am not present.
- I understand that the activities planned for the course may have to change from the original programme for safety reasons, such as weather conditions or the needs of the group.
- I understand that white Hall Centre will hold this information for the purposes of parental and medical consent and it will not be used for any other purpose.
- I understand that in the event of having to cancel my child's place on the course the following criteria will apply:
  - Within one month of the course date – full payment will still be payable
  - Over one month of the course date – 25% will be payable
- I consent that the personal data on this consent form will be kept by White Hall Centre for insurance purposes in line with the General Data Protection Regulations, White Hall's Privacy Policy, Retention Schedule and the Limitations Act (1980) for 7 years. In the event of a 'serious accident' for 25 years from the birth date of the individual.

Signature of parent/guardian (under 18's): \_\_\_\_\_

Please print name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return the completed consent form to White Hall.**