

PARENTAL CONSENT FORM – to be completed with Health Form

**Please complete this form and return it to SHAUNA MCNEILLY, Education & Outreach Officer,
The Millennium Forum, Newmarket Street, Derry/Londonderry, BT48 6EB F: 028 7127 2783**

A signed consent form is a condition of participation in this activity for those under the age of 18.

Child's name.....Date of birth.....

GP name.....GP telephone number.....

I am willing for (child's name)to participate in **INTERACT YOUTH ARTS FESTIVAL 2011** and confirm that s/he is willing to participate as fully as possible.

(Child's name) has the following medical condition and requires the following medication (give details)
.....
.....

(Child's name)will be dropped off and collected at the Millennium Forum by

I give my consent to (Child's Name) Leaving the venue for lunch

Signature.....

Date.....

Print Name.....

Relationship to child..... (Consent must be provided by the person with parental responsibility)

HEALTH FORM – to be completed in addition to Parental Consent Form

All information is strictly confidential and should be as detailed as possible

Organisation Name: **MILLENNIUM FORUM**

Activity: **INTERACT YOUTH ARTS FESTIVAL 2011**

Personal Details

Name (*child*)Date of birth

Address.....

Postcode.....Telephone.....

Medical card number.....

Contacts for emergencies (Should be in a position to collect child if necessary)

Contact 1 Parent/guardian

Name.....

Address.....

Postcode.....Relationship to child.....

Telephone (*work*).....Telephone (*home*).....

Telephone (*other*).....

Contact 2 Parent/guardian

Name.....

Address.....

Postcode.....Relationship to child.....

Telephone (*work*).....Telephone (*home*).....

Telephone (*other*).....

Doctor's Details

Name.....

Address.....

Tel.....

Medical Details

Does she/he suffer from any medical conditions? Yes No

Does she/he suffer from any allergies? Yes No

If yes please list any detail and related medicines or inhalers used.....

Does she/he have:

Impaired hearing Yes No , Impaired vision Yes No , Other disability Yes No

Please detail.....

Current Medication

Is she/he taking any medication / treatment? Yes No

Please detail.....

If the child is unable to administer the medication themselves

I give permission for the leader in charge/first-aider to give (*child's name*)

the (*medication, dosage and frequency*)

I enclose a letter from the GP stating that the leader in charge/first-aider can administer the medication (if applicable).

In the unlikely case of an emergency it is important to know if she/he can take:

Paracetamol Yes No , Panadol Yes No , Asprin Yes No

When did she/he last have a tetanus injection?

Has she/he had any adverse reaction to an anaesthetic? Yes No

If yes please give details.....

Any other relevant information?

In the case of emergency leaders will do everything possible to contact the parents/guardians so that they can make the appropriate medical decisions for their child. In extreme circumstances where medical treatment is required without delay and it has been impossible to contact those named on the health form, I authorise the certified first-aider and/or the leader in charge to give consent for any medical treatment on my/our behalf.

Please tick as appropriate Yes No

Signature.....Date.....

Print name.....Relationship to child.....

(Consent must be provided by the person with parental responsibility)

CONSENT FORM FOR THE USE OF PHOTOGRAPHS OR VIDEO

The Millennium Forum recognises the need to ensure the welfare and safety of all young people. In accordance with our Child Protection Policy we will not permit photographs, video or other images of young people to be taken without the consent of the parents/guardians and children.

The Millennium Forum will follow the guidance for the use of photographs, a copy of which is available from the Designated Officer Shauna McNeilly.

The Millennium Forum will take steps to ensure these images are used solely for the purposes they are intended. If you become aware that these images are being used inappropriately, you should inform the Millennium Forum immediately.

**I (parent/guardian)consent to The Millennium Forum
photographing or videoing (insert name of child).....**

Signed:Date:

**I (insert name of child)consent to the Millennium Forum
photographing or videoing my involvement in INTERACT YOUTH ARTS FESTIVAL 2011.**

Signed:Date:

EQUAL OPPORTUNITIES MONITORING QUESTIONNAIRE

Please answer the following questions by ticking the appropriate box and/or providing details as required. Ref: _____

1. Gender:

Male Female

2. Date of Birth:

3. Perceived Religious Affiliation/Community Background:

Protestant Roman Catholic Neither

4. Disability: Under the Disability Discrimination (NI) Act 1995 a disabled person is defined as a person with: "A physical or mental impairment which has a substantial or long term adverse effect on their ability to carry out a normal day's activity."
Having read this definition, do you consider yourself to have a disability?

Yes No

5. Family Status:

No caring responsibilities , Care for children , Care for other relative ,
Other *(Please specify)*

6. Ethnic Origin/Race:

Bangladeshi , Black African , Black Caribbean ,
Chinese , Indian , Irish Traveller ,
Pakistani , White , Mixed Ethnic Group ,
Other *(please specify)* Nationality *(please specify)*

7. Which category best describes your age?

Under 18 , 18-34 , 35-54 , 55+

Access to this information will be strictly controlled. Monitoring will involve the use of statistical summaries of information in which the identities of individuals will not appear. The information will not be available for any other purpose other than equal opportunities monitoring.