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**PARENT/CARER CONSENT FORM**

**Healthy Holiday Breeze Camp**

Details:

You are consenting to your child taking part in the Breeze Healthy Holidays Summer Camp 2022.

The camps will be lots of fun and filled with activities such as team building, multi sports, arts and crafts, games, DJ/music workshops, clay motion, lego workshops, day trips, coding workshops, den building, knowledge and understanding on healthy eating, baking, pamper workshops, outdoor adventures ending with a team trip to Flamingo Land.

The camps are for 8–12-year-olds who are on free school meals or vulnerable and would benefit from the camp.

A separate consent will be given for the trip and the trip day will be longer.

Date(s):

Monday 1st – Friday 5th August 9am – 3.00pm everyday (breakfast and lunch will be provided)

Monday 8th - Friday 12th August - 9am – 3.00pm everyday (breakfast and lunch will be provided)

Monday 15th - Friday 19th August – 9am – 3.00pm everyday (breakfast and lunch will be provided)

Monday 22nd – Friday 26th August – 9am – 3.00pm everyday (breakfast and lunch will be provided)

Please note on the trip days this will be a later finish.

Venue:  **South Leeds Hub, Middleton Road, Belle Isle, Leeds, LS10 3JA**

Group Leader: Sarah Snee Tel: 07891 270598

On-Site Team Leader: Tracey Blanchard

**Your Child’s Details**

Full Name: Date of Birth:

Does your child have any conditions requiring medical treatment, including medication? Or any behavioural issues that staff need to be aware of to support your child

**YES / NO**

If yes, please give details:

Please outline any special dietary requirements of your child and fill in the dietary form for Leeds Catering if there are any

To the best of your knowledge, has your child been in contact with any contagious or infectious diseases or suffered from anything in the last four weeks that may be contagious or infectious?

**YES / NO**

If yes, please give details:

Is your child allergic to any medication?

**YES / NO**

If yes, please give details:

and the type of pain/flu relief medication your child may be given if necessary:

Name of family doctor:

I will inform the Group Leader as soon as possible of any changes in the medical or other circumstances between now and the commencement of the camps.

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

**Medical Declaration**

I agree to my child receiving medication as instructed and any emergency dental, medical or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present. I understand the extent and limitations of the insurance cover provided.

**Parent/Carer Contact & Emergency Contact Details**

Contact Name:

Address:

Postcode:

Tel/Mob:

Emergency Contact Name:

Emergency Contact Number:

Relationship to child:

**Photography/Video Consent**

I do / do not give consent to my child to be photographed/videoed as part of the programme, which may be used in publicity material by the Breeze Team

**Consent**

I agree to ………………………………………………………………………………………………………. (child’s full name) taking part in the activities described above as part of the Healthy Holiday Breeze Camp 2022.

I also agree that my child must behave responsibly and adhere to rules and regulations put in place by the camp leaders.

Parent/Carer Name: …………………………………………………………………………………………………………………………….

Parent/Carer Signature: ……………………………………………………... Dated: ………………………………………

**THIS FORM OR A COPY MUST BE TAKEN BY THE GROUP LEADER ON YOUR VISIT. ALL INFORMATION/DOCUMENTS WILL BE DESTROYED SOON AFTER YOUR CHILDS FINAL DAY ON OUR CAMP WHICH FOLLOWS THE GDPR** (General Data Protection Regulation) **GUIDELINES.**