

Childs Information						
First Name				Surname		
Date of Birth		Age		Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Ethnic Background (please tick)						
White <input type="checkbox"/> English/Scottish/Welsh/Irish/UK <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background Mixed/Multiple <input type="checkbox"/> English/Scottish/Welsh/Irish/UK		Asian <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background			Black/African/Caribbean/Black UK <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean Other <input type="checkbox"/> Other Ethnic Group <input type="checkbox"/> Arab <input type="checkbox"/> Other	
Disability (please tick)						
<input type="checkbox"/> Disabled <input type="checkbox"/> Not Disabled <input type="checkbox"/> Deaf <input type="checkbox"/> Blind						
Please detail any allergies, dietary requirements, additional/ special needs (please tick)						
Medical conditions <input type="checkbox"/> Allergies <input type="checkbox"/> Asthma <input type="checkbox"/> Autism <input type="checkbox"/> ADHD <input type="checkbox"/> Diabetes <input type="checkbox"/> Eczema <input type="checkbox"/> Epilepsy <input type="checkbox"/> Other <input type="checkbox"/> Dietary Requirements				<i>If you have ticked any of the boxes, please provide us with additional details:</i>		
Doctors						
Name					Telephone Number	
Address						

Parent/Guardian Details		
First Name		
Surname		
Email Address		
Home Address		
	Post Code:	
Telephone Number		
Home	Mobile	Work

Emergency Contact Details (Must be different from Parent/Guardian details)		
First Name		
Surname		
Email Address		
Home Address		
	Post Code:	
Telephone Number		
Home	Mobile	Work

Please turn over to continue

Consent		
I hereby give permission for my child to be photographed and filmed when participating within Deaf Active's activities, also for the footage and pictures to be used on our website, social media pages, our in-house display boards and any other forms of media.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent for 'Deaf Active' staff to take my child off the premises to be involved in walks and outings (Liverpool Shopping Park – Bowling/Cinema, Doric Park, Liverpool Museum)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent for 'Deaf Active' staff to apply my child's own labelled sun lotion to my child or using our sun lotion if my child's own has run out.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to my child being examined by a member of staff and given first aid treatment given at Deaf Active in the event of an accident	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I consent to my child being taken to hospital by a member of staff at Deaf Active in the event of an emergency	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I give consent for my child to walk home alone after leaving our activities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Terms and Conditions

We have been required by funders to collect the information above to allow us to continue our service. This information will remain completely confidential and will only be with our funders for monitoring and evaluation purposes. We will never sell your data and we promise to keep your details safe and secure.

You can change your mind at any time by emailing admin@deafyouth.co.uk

For more information regarding our Data Protection Policies and Procedures please visit www.deafactive.org/privacy.html

Parent/Guardian Signature _____

Today's Date ____/____/____

For Staff Use Only	
Received by <i>(Your initials)</i>	Date
Added onto Database <i>(You initials)</i>	Date