**#WECARE EVENT – REGISTRATION & CONSENT FORM**

Please complete in block capitals and return to by post to: Champions Board Dumfries & Galloway, Oasis Youth Centre, Newall Terrace, Dumfries, DG1 1LW or by scanning and e-mailing ChampionsBoard@dumgal.gov.uk by Tuesday 20th June 2023 at 5pm.

|  |  |
| --- | --- |
| Name of Event:  | **#WECARE**  |
| Details of Event:  | **12NOON – 8PM AT PARK FARM SHOWFIELD, DUMFRIES****YOUNG PEOPLE WILL BE TAKING PART IN THE #WECARE EVENT**  |
| Dates:  | **THURSDAY 29TH JUNE 2023** |
| Appropriate Adult Name:  |  ................................................................................................ |
| Young Persons Name: |  ................................................................................................ |
| Young Persons Date of Birth: |  ................................................................................................ |
| Contact E-mail Address: |  ................................................................................................ |

I give my permission for my young person to travel to and from the #WeCare event at Park Farm Showfield on June 23rd unaccompanied by myself and agree that they will be under the authority of and responsible to the Youth Work leaders.

Below are the pick up and drop off points for transporting young people to/from the event. *Please note the time included underneath each school is provisional we will confirm exact timings by Wednesday 21st June.*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | **Pick Up** | **Drop Off** |  |  | **Pick Up** | **Drop Off** |
| **Langholm Academy**Pick Up: 10am – 11am Drop Off: 9pm – 10pm |  |  |  | **Kirkcudbright Academy**Pick Up: 10:30am – 11:30amDrop Off: 8:30pm – 9:30pm |  |  |
| **Annan Academy**Pick Up: 10:45am – 11:30amDrop Off: 8:30pm – 9:30pm |  |  |  | **Douglas Ewart High School**Pick Up: 10am – 11amDrop Off: 9pm – 10pm |  |  |
| **Moffat Academy**Pick Up: 10:30am – 11:30amDrop Off: 8:30pm – 9:30pm |  |  |  | **Stranraer Academy** Pick Up: 9:30am – 10:15amDrop Off: 9pm – 10pm |  |  |
| **Lockerbie Academy** Pick Up: 10:45am – 11:30amDrop Off: 8:30pm – 9:30pm |  |  |  | **Sanquhar Academy** Pick Up: 10am – 11amDrop Off: 9pm – 10pm  |  |  |
| **Dumfries High School**Pick Up: 11:15am – 11:50amDrop Off: 8pm – 8:30pm |  |  |  | **Wallace Hall Academy** Pick Up: 11am – 11:30amDrop Off: 8:30pm – 9:30pm |  |  |
| **North West Community Campus**Pick Up: 11:15am – 11:50amDrop Off: 8pm – 8:30pm |  |  |  | **Castle Douglas High School**Pick Up: 10:45am – 11:30amDrop Off: 8:30pm – 9:30pm |  |  |
| **Dalbeattie High School**Pick Up: 10:45am – 11:30amDrop Off: 8pm – 9pm |  |  |  | **Dalry High School**Pick Up: 10am – 11amDrop Off: 9pm – 10pm |  |  |
|  | **My young person DOES NOT need transport** |  |  |
|  |  |

I understand that if they must be sent home on disciplinary grounds, the cost involved will require to be met by me.

If, at any time, during the visit they requires urgent medical treatment I give permission, provided I cannot be contacted, to the doctor or surgeon designated to make any decision necessary including administering an anaesthetic.

# #WECARE – MEDICAL FORM

It is very important for the safety and well-being of your young person that our staff are aware of any medical condition(s) they may have. We would appreciate your help in this matter and all information will be treated in the strictest confidence.

Name: School (if applicable):

NHS number (if known):

Doctor’s name:

Surgery address:

Surgery telephone:

Please tick either Yes or No below as appropriate. If YES, provide further details including current medication. Please indicate with a tick if you wish your child to be responsible for taking his/her own medicine, or if you would prefer adult supervision.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | No | Yes | Further Details including medicine and dosage | Adult supervision | Self administered |
| Any recent injury or illness |  |  |  |  |  |
| Asthma |  |  |  |  |  |
| Does your child currently use an inhaler? |  |  |  |  |  |
| Diabetes |  |  |  |  |  |
| Epilepsy |  |  |  |  |  |
| Hay fever |  |  |  |  |  |
| Heart condition |  |  |  |  |  |
| Any known allergy to medicine (eg penicillin) |  |  |  |  |  |
| Any special dietary requirements |  |  |  |  |  |

Does your young person have any dietary requirements?

No

Yes

Does your young person have any allergies we should be aware of?

No

Yes

Does your young person any accessibility requirements?

No

Yes

Does your young person have any medical conditions we should be aware of?

No

Yes

Do you give permission for photographs to be taken?

No Yes

Do you give permission for photographs to be shared online?

No Yes

Is there anything else you feel the event organisers should be aware of?

**Emergency Contact Details**

My address and telephone number are:

Address: ..........................................................................................................................

 Landline: ...........................................................................................................................

Mobile: ...........................................................................................................................

If, in an emergency, I cannot be contacted at the above numbers please contact:

Name: ...........................................................................................................................

Address: ...........................................................................................................................

Landline: .......................................................................................................................... Mobile: ..........................................................................................................................

Circle/mark the most relevant statement for your young person from the list below:

[ ]  They have a social worker the now

[ ]  They don't have a social worker the now but have had one before

[ ]  They've never had a social worker

[ ]  I amen't sure

Other: ..........................................................................................................................

Circle/mark the which of the below best describes your young person’s circumstances just now:

[ ]  They live in residential house

[ ]  They live with their foster carers

[ ]  They live at home with a parent (or parents)

[ ]  They live with extended family like grandparents, aunties, uncles or a family friend

[ ]  They live on their own / with friends

Other: ..........................................................................................................................

By signing the below you agree that the information provided is accurate and that you have agreed for your young person to take part in the #WeCare event:

Signature of Appropriate Adult: .................................................................

Relationship to Young Person: .................................................................

Signature of Young Person: .....................................................................

Date: .....................................................................

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