**#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** |
| Your Name: |  ................................................................................................ |
| Your Date of Birth: |  ................................................................................................ |
| Your Home Address inc. Postcode: |  ................................................................................................ |
|  |  ................................................................................................ |
| Your E-mail Address: |  ................................................................................................ |

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 |  |  |
|  | **I do not need transport** |  |  |
|  |  |

I understand that if I am asked to leave the event, I will be required to make my own way home at my own cost.

If, at any time, during the visit you require urgent medical treatment I give permission, provided my emergency contact 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 your safety and well-being that our staff are aware of any medical condition(s) you 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.

|  |  |  |  |
| --- | --- | --- | --- |
|  | No | Yes | Further Details including medicine and dosage |
| 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 |  |  |  |

Do you have any dietary requirements?

No

Yes

Do you have any allergies we should be aware of?

No

Yes

Do you have any accessibility requirements?

No

Yes

Do you 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**

This is who we will contact on your behalf in an emergency situation:

Their Name: ........................................................................................................................

Their Relationship to you i.e. relative, carer, friend, parent: ..............................................................

Their Address inc. Postcode: ....................................................................................................

 .....................................................................................................

 .....................................................................................................

Their Contact Numbers (Landline and Mobile if possible): ...................................................................

 ...................................................................

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

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

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

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

Circle/mark the most relevant statement for you from the list below:

[ ]  I have a social worker the now

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

[ ]  I’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:

[ ]  I live in residential house

[ ]  I live with their foster carers

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

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

[ ]  I live on my own

[ ]  I live with friends

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

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

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

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

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