**CLAIRE HOUSE CHILDREN’S HOSPICE**

**PARENTAL CONSENT FORM EASTER EGG HUNT & CRAFTS**

**Venue: CLAIRE HOUSE LIVERPOOL Date: WEDNESDAY 5TH APRIL**

As part of the support we offer to Claire House families, siblings are invited to participate in various trips both on-site and away from the hospice. Prior to the event occurring, a full risk assessment is undertaken. It is necessary to obtain parental consent for each event in order for any sibling to take part in these activities and to be left with Claire House staff and volunteers.

**Please complete the following if you wish your child to take part in the above activity**

Sibling’s Name……………………………………………………………………. Date of birth…………………………………

Address……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………….

Does your child have any existing medical condition and/or do you wish to provide any other relevant information which you think may affect their participation in any activities **Yes/No**

If yes, please give details:

|  |
| --- |
|  |

Is your child currently on any medication? **Yes/No** If yes, please give details:

|  |
| --- |
|  |

Does your child have any allergies? (All medication should be labelled in a clear plastic bag) **Yes/No** If yes, please give details:

|  |
| --- |
|  |

Are there any foods that you would prefer your child/young person had restricted access to? *(E.g. sweets, fizzy drinks etc. particularly if they may trigger behavioural issues)*

**Please Turn Over =>**

|  |
| --- |
|  |

Does your child require any of the following special diets: - **Yes/No**

Low Fat □ Nut Free □ Wheat Free □

Gluten Free □ Dairy Free □ Halal □

If your child/young person has any other dietary requirements we need to know about, please provide full details. Please include any allergies, ethnic or religious influences on the diet.

|  |
| --- |
|  |

In the event of an emergency, do you give your permission for a care team staff member to give consent for emergency medical treatment as advised by an attending doctor? **Yes/No**

Do you give permission for a care team staff member to administer first-aid if necessary? **Yes/No**

Photographs/video may be taken of the activities. Do you agree that these may be used for Claire House publicity, social media or display purposes? **Yes/No**

Name…………………………………………………………………. Signature………………………………………………….

Date……………………………………………………………………………………………………………………………………………………

Home Telephone …………………………………………………………Mobile…………………………………………………………

Second emergency Contact Name and Number if different from above:

………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………………………………………………………….