**CLAIRE HOUSE CHILDREN’S HOSPICE**

**PARENTAL CONSENT FORM FOR Halloween Sleepover**

**Venue: Claire House Liverpool Date: 27th October**

As part of our family support, siblings are invited to join us on day trips and/or residentials. Prior to all events, a full risk assessment is undertaken. Parental Consent must be obtained for each event for each 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 condition and/or do you wish to provide any other information which you think may affect their participation in any activities **Yes/No**

If yes, please give details:

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

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Is your child currently undergoing any assessments (physical or mental health)? **Yes/No** If yes, please give details:

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

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**Please Turn Over =>**

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

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

Low Fat □ Nut Free □ Wheat Free □ Vegan □

Gluten Free □ Dairy Free □ Halal □

**MOBILE PHONES**

We politely ask that your child **does not** bring their mobile phone on this trip. It is impossible for our staff to control what is being sent and received on phones and therefore we feel it’d be safer from a safeguarding perspective for them not to be brought along. Please be reassured that your child will be supervised at all times and will have access to staff work mobile phones should they wish to make contact with you. At past sibling events we’ve been in situations when mobile phones were brought along despite the request not to, if this is the case, we will politely ask them to hand it in and it’ll be returned to them at the end of the trip. As well as there not being much phone signal at Colomendy, it’s going to be an active weekend where the risk of phones being lost or damaged could be quite high, and we aren’t liable for this. If this is going to cause a problem for your child, please don’t hesitate to contact Alex on 07710 710976. Thank You

**ROOMS RULE \*IMPORTANT!!!\***

Our most important rule for residential trips is that children **DO NOT** go into each other’s bedrooms at any point during the trip. If a child is found to be in a bedroom that they were not allocated, unfortunately it is an immediate phone call home to ask parent/guardian to come and collect them. We understand that this may sound a little harsh, but we also hope that you accept that having this rule eliminates any potential issues. I am sure you can appreciate that this could become a safeguarding matter and that we would have to take this very seriously; we do not do this for any other reason other than to keep people safe. Thank you.

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.

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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 and the venue’s publicity, social media or display purposes? **Yes/No**

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

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

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

Second emergency Contact Name and Number if different from above:

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