



NO LIMITS Community Project
working4autism

Activity/Event/Outing Consent Form

To..... On

This form should be completed by every person undertaking any project activity, event or outing that falls outside the 'normal' routine activities. It should be signed by the NO LIMITS member & where it is felt appropriate, by a parent/guardian.

Please ensure all the sections are completed fully with up-to-date information.

NO LIMITS MEMBER DETAILS : Surname

Christian Names

DOBAddress

.....Postcode

Telephone.....Mobile.....

email.....

PARENT/GUARDIAN/CARER DETAILS : Name.....

Address.....

.....Post Code.....

Emergency Contact Telephone Number.....

Relationship to Member.....

An Alternative 'phone Number.....**Name of contact**.....

G.P. NAME, ADDRESS & PHONE NUMBER :

.....

PLEASE STATE ANY MEDICAL CONDITIONS, PROBLEMS, PHOBIAS, ALLERGIES :.....

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PLEASE LIST ALL MEDICATION, DOSAGE & WHAT CONDITION IT'S FOR :.....

.....

CAN YOU SELF MEDICATE : YES / NO ; Any other comments.....

PLEASE ENSURE YOU BRING ENOUGH MEDICATION TO COVER THE PERIOD OF YOUR STAY.

ANY ADDITIONAL INFORMATION WE SHOULD BE AWARE OF (Such as food allergies/ dislikes)

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Every effort is made to ensure the health, safety & welfare of our members and volunteers participating in our activities/ events/outings. Despite these assurances all activities/pursuits are undertaken at the participant's own risk.

IN THE EVENT OF ILLNESS OR ACCIDENT, I AUTHORISE AN APPROVED MEMBER OF NO LIMITS STAFF TO SIGN ON MY BEHALF, ANY FORM OF CONSENT REQUIRED BY MEDICAL AUTHORITIES TO ADMINISTER MEDICAL TREATMENT. THIS CONSENT WILL ONLY BE EXERCISED IN A DIRE EMERGENCY AND WHERE A NAMED PARENT/GUARDIAN/CARER CANNOT BE CONTACTED AND URGENT MEDICAL ATTENTION IS REQUIRED.

SIGNEDParent/Guardian/Carer. **DATE.....**

Please tick the box if you object to any photographs, video or media footage which include your son/ daughter being used for display purposes or training in connection with
NO LIMITS Community Project

I hereby accept and agree to the above conditions and accept the guidance of the relevant staff involved in the activities/pursuits undertaken. Any antisocial behaviour including repeated failure to observe the advice of staff on issues of health, safety & welfare may result in exclusion from that activity.

SIGNATURE of MEMBER :

PLEASE PRINT NAME IN CAPITAL LETTERS :

DATE:

SIGNATURE of PARENT/GUARDIAN/CARER :

PLEASE PRINT NAME :

DATE :

PLEASE ENSURE THAT YOU HAVE YOUR MEDICATION WITH YOU FOR THE PERIOD OF YOUR ACTIVITY/PURSUIT. MAKE SURE IT IS CLEARLY LABELED WITH YOUR NAME AND THE DOSAGE.

Enjoy your activity/pursuit!

In accordance with the GDPR (General Data Protection Regulations) May 2018. The information provided on this form is held in on a secure file/database and accompanies the staff member in charge of the activity/ pursuit. The information is confidential and will only be shared on a need-to-know basis in the case of an emergency. When the activity is concluded the form will be shredded..

Please note that all rights under data protection to do with the adolescent or adult with Able Autism/Asperger Syndrome rests with the individual themselves if they have the capacity to understand their rights. This may vary from one individual to another depending on the degree of their disability. Generally it is felt that this is likely to be by the age of 18. Should you, as the prime carer have any concerns about this please contact Chris Morgan, NO LIMITS Community Project Manager on 01384 376796 or email chris-nolimits@hotmail.com