

PTO

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SNAP Youth aims to provide young people with activities that are fun and challenging. It also aims to ensure that the voice and opinions of young people living in South Normanton and Pinxton are heard and listened to.

All employed workers and volunteers working for SNAP Youth have been appropriately checked to ensure that they are suitable to work with children and young people. The SNAP Youth Safeguarding Policy is available for parents to view upon request.

Young people are encouraged to take responsibility for their own personal belongings. This includes mobile phones, cameras and money. Please do not send your child with expensive equipment if you fear that it may get broken, lost or stolen.

Please note that you will only be able to make contact with your child if s/he has access to a mobile phone.

Consen	t Form
CONSEN	1 1 01 111

I give	onsent for	(name of y	oung person)
to tak	part in the(Name of Activ	vity/Trip) on	(date)
Signe	(ра	rent/carer)	Date
keepir	ally important that all young people remain safe whilst they take safe all young people are asked to stick to the rules held by the ten to instructions.  spect other people's opinions and stuff.  not take what doesn't belong to you.  fighting.  bullying.  swearing  titter in the bins provided.  smoking.  erybody must treat others how they would like to be treated themselent: I have read and understood these rules and I agree to stick	e youth club. Thes	•
onto t fill in	way of keeping safe is to ensure that information about the not be leader. This information will remain confidential and only used his form and return it to the SNAP Youth office: 34 High Street ntact details of the young persons parent/carer: f Parent/Carer and relationship to the child	amed young person I in case of emerge et, South Normant	is passed encies. Please on.
	s of parent/carer		
	lephone number of parent/carer		

It is important that leaders know of any pre-existing medical conditions (for example asthma, diabetes, heart trouble) which may require treatment, and any condition which may affect participation in any activity.
Does the named young person suffer from any pre-existing medical condition requiring treatment? YES / NO
He / she suffers fromwhich may require treatment Please list all known allergies to food, drugs or other medication, e.g antibiotics and plasters
If known, date of last immunization against tetanus
I understand that personal accident cover has not been arranged for the named young person.
Signed(parent/carer)
Is there anything information, which you believe the leaders should know?
Photographs and Videos:
Photographs and short videos may be taken. These may use these for publicity purposes, for example,
photographs and videos may be used on the SNAP Youth website or social media sites. By signing
this form I give permission for SNAP Youth to use photographs and or videos of the named young
(manual format)
person. Signed(parent/carer).
• Transport:
• Transport:
<ul> <li>Transport:</li> <li>I understand that, where needed, my child will be transported in either a mini-bus, taxi or the youth</li> </ul>
<ul> <li>Transport:</li> <li>I understand that, where needed, my child will be transported in either a mini-bus, taxi or the youth workers personal vehicle which has the appropriate insurance. I understand that personal accident</li> </ul>
<ul> <li>Transport:</li> <li>I understand that, where needed, my child will be transported in either a mini-bus, taxi or the youth workers personal vehicle which has the appropriate insurance. I understand that personal accident cover has not been arranged for my son/daughter. Signed(parent/carer)</li> </ul>
<ul> <li>Transport:  I understand that, where needed, my child will be transported in either a mini-bus, taxi or the youth workers personal vehicle which has the appropriate insurance. I understand that personal accident cover has not been arranged for my son/daughter. Signed(parent/carer)</li> <li>Going home after the trip has ended (please tick the statement that's relevant to you):</li> </ul>
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Medical Conditions: