



Reaseheath Mini Zoo activity health and safety form

To the parent or guardian

Please complete a consent form for each of your young people and bring it on the day of your activity.

PERSONAL DETAILS OF YOUNG PERSON

Name:

Date of Birth:

Contact details for both parents/legal guardians:

Name: Name:

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

Home tel no: Home tel no:

Work tel no: Work tel no:

Mobile tel no: Mobile tel no:

Does your child have any illnesses, disabilities or allergies that may affect him/her when taking part in zoo activities? YES / NO

Does your child require the routine use of any medication? YES / NO

Does your child have any phobias we should be aware of? YES / NO

If yes to any of these questions, please provide written details and appropriate instructions below. (Please note that if a young person needs to take medication during Zoo activities this will need to be self-administered.)



AGREEMENT

I agree to let my child participate in the zoo activity programme, recognising that quality assurance procedures are in place to ensure activities are well planned and run as safely as possible. I undertake that I/my child will be equipped and clothed as requested for the activities planned. I accept that I/ s/he may not be allowed to take part if the leader deems it unsafe.

I understand that in the event of illness or accident that Reaseheath College staff considers requires medical attention, medical aid will be sought and all attempts made to contact parents and/or guardians. I understand that in the event of no contact being possible, it is the responsibility of a doctor to decide whether examination and subsequent treatment are necessary. This can effectively represent 'consent' and is assessed on clinical need and in adherence to strict guidelines. If they are deemed to fully understand the situation then young people under the age of sixteen may give their own consent to examination or treatment.

Participants must abide by staff instructions at all times. The activity may be stopped if it is deemed that the participants behaviour is putting their own or others welfare at risk. There will be no refund in this situation. Actual content of the activity may vary due to unforeseen circumstances

Reaseheath College accepts no liability for any person or body for any loss, injury or property damage from any action or cause whatsoever undertaken at the zoo

By signing below you are agreeing to the above and to remain contactable throughout the duration of the activity.

Signed (parent/guardian)Date.....

PUBLICITY

We would like to take photos and video during the sessions to use in our publicity materials. These images may then be used in publications produced by Reaseheath College, our partner organisations or in local or national media. Images may be displayed in print or online. These images will be kept for a maximum of two years post attending the event.

Please tick the appropriate box below

I am happy for images of my young person participating in Reaseheath Zoo activity to be used in publicity and publications by Reaseheath College	<input type="checkbox"/>
I would prefer that my young person did not feature in any of our publicity or publications	<input type="checkbox"/>

DATA PROTECTION

I agree to Reaseheath Mini Zoo keeping a record of the details in this form by creating, storing and transmitting securely and limiting to staff who have a legitimate interest in the data and use of your personal data will not be excessive.

I agree that you can contact me via email about future events or similar opportunities offered by Reaseheath Mini Zoo and will contact us when you no longer want to be contacted.	<input type="checkbox"/>
I do not wish to be contact about future events or similar opportunities.	<input type="checkbox"/>

Signed (Parent/guardian) Date