



The Beacon and Lee Abbey

Consent and Information Form CONFIDENTIAL WHEN COMPLETED



By completing this form you are agreeing to the named person taking part in Beacon Activities (for those over 8 years old) and/or Main House Children's sessions. This form must be completed **IN FULL** by an adult. A separate form must be completed for every member of your group including leaders, even if your school or group produce their own medical forms.

Date of visit	
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Age of participant at time of visit (if under 18)	
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Participant's details

Surname First name Known as (if different)

Home address

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Date of birth Gender

Emergency contact (details of parent / carer / next of kin)

Name Relationship

Emergency phone numbers

Email address.....

Home address(es) (if different to that of the participant)

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Using images of guests

Lee Abbey & the Beacon Centre occasionally use images of people staying at Lee Abbey / the Beacon Centre in their promotional literature. Please note that websites can be seen throughout the world, and not just in the United Kingdom where UK law applies. To comply with the Data Protection Act 1998, permission must be granted by the parent/carer before any images of children are taken and used.

May we use images of the named person in our printed promotional publications or website? (Tick if yes)

Sometimes we like to film our groups during their time with us to share during their stay here.

May we film the named person for these purposes? (Tick if yes)

Food allergies and dietary information

Do you have any essential dietary requirements? (Tick if yes)

Vegetarian Gluten free Nut free Diabetic

Dairy free Vegan Other / Food allergies

Please give details of your diet / allergy / what you require:

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..... (Continue on a separate sheet if necessary please)

Full name of participant (please complete in case pages become separated)	
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Medical Information / Allergies

Have you ever suffered from any of the following? *(Tick if yes)*

Epilepsy <input type="checkbox"/>	Asthma <input type="checkbox"/>	Diabetes <input type="checkbox"/>
Migraines <input type="checkbox"/>	Cardiac or respiratory ailments <input type="checkbox"/>	Other <input type="checkbox"/>

If you have ticked YES to any of the above, please give full details:

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Are you currently taking any medication? Please give details:

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Please give details of any allergies, including allergies to medication:

.....

Helpful Information

If there is any information that you think it would be helpful for us to know about your child, please do share this with us. This may be about Special Needs, Additional Educational Needs, family circumstances etc.

Medical Consent

In an emergency and/or if I am not contactable, I am willing for my child/ myself (if over 18) to receive doctor/hospital or dental treatment including anaesthetic.

Yes No

Behaviour

In the unlikely event of any adult or child displaying disruptive behaviour that is deemed by the Beacon Centre staff to threaten the safety of guests or staff, the centre reserves the right to ask you and/ or your child to leave the centre. It is your own responsibility to arrange transport and to collect your child if requested. Where you have booked through a third party (group) the group leaders may assist if deemed appropriate.

Declaration/Consent

1. The information I have provided is to the best of my knowledge true and accurate.
2. I understand that, by their nature, the Beacon adventurous activities involve an element of risk which cannot be totally eliminated. While every care is taken to ensure the safety of participants, adventurous activities involve the acceptance of risk and of responsibility for the consequences of one's actions.
3. I/my child is in good health and physically able to take part in the selected activities/course. I have read and am signing to consent for myself/my child to take part in activities including Beacon adventurous activities.

Name of signatory (printed) Date.....

Signature (parent / carer if participant is under 18)

Relationship to participant (under 18 only)

Youth & Children



Information Form for Children's Sessions

Please complete this page for all children and young people (0-17s) booked into the House Programme of Children's Ministry sessions.

Full name of participant <small>(please complete in case pages become separated)</small>	
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Age at time of visit		School year (if applicable) at time of visit <small>(for Summer holidays please list the school year just completed)</small>	
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During sessions

I am aware that a parent / carer **must** remain **on site** for the duration of the session, and I will be contacted immediately should an accident occur that requires more than basic first aid.

You will find me located in when my child is in their session.

Outdoor activities

0 - 17 Years Old – Do you agree to your child taking part in activities outdoors? *(Tick if yes)*

At times the Beacon Team offers Beacon activities to Main House guests and sometimes runs Beacon Activities as part of the morning sessions (for children and young people of 8 years and older).

8 - 17 Years Old – Do you agree to your child taking part in Beacon activities? *(Tick if yes)*

Collection at the End of Each Session

Named adult(s) who will collect your child

8 years old and over: I give permission for my child to leave at the end of the session without being collected by an adult. *(Tick if yes)*

Early Years / Special Needs Toilet Consent (only complete if applicable)

My Child is wearing a nappy	Yes <input type="checkbox"/>	No <input type="checkbox"/>
My Child is Potty Training	Yes <input type="checkbox"/>	No <input type="checkbox"/>
My Child needs assistance when going to the toilet	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I give my permission for a member of the Team to assist my child	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I would like to be contacted if my child needs assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Any further information about toileting needs

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**Upon completion please return this form to your group leader, or if you have booked independently to:
Youth and Children's Ministry Team, Lee Abbey, Lynton, North Devon, EX35 6JJ
You can email this form back to us at: youth@leeabbey.org.uk**