



1. Details of Young Person

Full name: Date of birth: / /

Home address:
.....
.....

Post code: Age: Mobile of young person:.....

Email:.....

Year group:Name of School /College:

2. Emergency Contact Details

Contact 1

Name: Relationship:

Tel no (H): Tel No (W): Mobile:

Email:

Contact 2

Name: Relationship:

Tel no (H): Tel No (W): Mobile:

Email:

3. Medical, allergy or dietary information or emotional behavioural needs of Young Person

Please give any details of the condition, allergy or needs and whether any medication is required.

.....
.....
.....
.....

4. Consent

I give permission for my child:

- To receive emergency medical treatment should it be necessary
- To use photographs in our leaflets, website and social media
- To watch films rated PG at the discretion of the manager
- To participate in offsite trips organised by Pathways which may require transportation in a minibus

Consent for any higher risk activity types will require a separate activity consent form to be completed.

Data Protection (Jersey) Law 2018 declaration:

The information on this form has been collected by PATHWAYS for the purposes of administering and monitoring personal information and will not be disclosed to anyone else unless required by law, in the case of a life threatening medical emergency or by getting your agreement beforehand.

Due to the ethos at PATHWAYS young people under the age of 18, who take part leadership training programmes, are encouraged to take active leadership roles in all holiday clubs. Whilst the leader in charge will always be over the age of 18 parents/ guardians must be aware that a large percentage of our leaders are under the age of 18.

I declare that the information on this form is correct. I fully understand and accept that it is my responsibility to inform Pathways of any changes to details contained on this form including any changes to medical conditions. (Young people aged over 18 can complete and sign the form)

Name or parent/ carer (print):

Signature: Date:

Please return this form to the following address:

PATHWAYS
35 Les Quennevais Park
St Brelade
JE38GB

PATHWAYS would like to thank you for taking the time to complete this form and should you have any queries or problems please do not hesitate to contact PATHWAYS at hello@pathwaysjersey.co.uk.