

Does the participant have any medical condition or recurring complaint of which we should be aware? (E.g. travel sickness, diabetes, asthma, epilepsy). Please include any medication we need to be aware of

Does the participant have any allergies? Please specify

Does the participant have any dietary needs e.g. vegetarian/halal?

Does the participant have any behavioural needs? Please give details of any strategies that could be beneficial for staff to be made aware of

Please provide any additional information that will help staff to support the participant throughout an event/activity.

Are there any activities or situations the participant should avoid for medical or cultural reasons?

4. Ethnic group: Action for Blind People wants to make sure that the services we provide reach and are accessible to as many people as possible who can benefit from them. We ask for information about your ethnic origin to help us achieve our goal. The information you provide will be confidential.

- | | | |
|--|--|---|
| <input type="checkbox"/> white British | <input type="checkbox"/> White Other | <input type="checkbox"/> Asian British |
| <input type="checkbox"/> Asian Bangladeshi | <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Asian Pakistan |
| <input type="checkbox"/> Asian Other | <input type="checkbox"/> Black British | <input type="checkbox"/> Black African |
| <input type="checkbox"/> Black Caribbean | <input type="checkbox"/> Black Other | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Chinese British | <input type="checkbox"/> Mixed White & Asian | |
| <input type="checkbox"/> Mixed - White & Black African | <input type="checkbox"/> Mixed – White & Black Caribbean | |
| <input type="checkbox"/> Other | <input type="checkbox"/> Prefer not to say | |

Photographs and filming – Photographs and video footage may be taken during this event

Should Action for Blind People / RNIB Group wish to use any photographs or video material taken during this event for the future marketing, publicity and fundraising of Transitions and Children's services do we have your permission to do so? **If not please tick**

I hereby give permission for the photographs to be considered for use on Action's website and publications **If not please tick**

I hereby give permission for the photographs to be considered for use on Boots Opticians website and publications **If not please tick**

I hereby give permission for the photographs to be considered for use on British Blind Sports website and publications **If not please tick**

You will be contacted in advance to re-request your permission when a photo is to be used. We always seek new permission to use photographs over 12 months old. Photographs will be stored securely and safely.

**Parental Consent for the Transporting of Children & Young People
(Boots Opticians Actionnaires Athletics Day 2012)**

I (name of parent/legal guardian)

Give permission for my child(ren) to be transported on

Date: **Saturday 22nd September 2012**

From: _____

To: **English Institute of Sport, Sheffield** and return

I understand that my child will be transported by Action for Blind People under the supervision of their CYF staff.

My child **will not be left** unescorted at the drop off point unless a named parent/carer is there to collect them.

Named person to collect child / young person

NB transport is not provided from Sheffield Actionnaires

Declaration and Parental Consent

This form has been completed accurately and I undertake to update the organiser (Action for Blind People), should any of the information in this form be changed.

- a. I agree to my child(ren) taking part in this event and have read all the information sent to me.
- b. I acknowledge the need for my son/daughter to behave responsibly at all times on the day. I confirm I will collect my child from the event if their behaviour becomes untenable.
- c. I confirm that a CYF CO Day Events & Actionnaires Application has already been completed accurately and I undertake to update Action for Blind People should any information contained on the application form or personal circumstances change.
- d. In the event of an accident / emergency, I consent to emergency medical treatment, which may include the use of anaesthetics.

Signed: _____ **(Parent/legal guardian)**

Date: _____

By signing this form you consent to Action for Blind People using the information supplied for the purpose of administering the named event. All information will be treated in the strictest of confidence and made available only to those staff working with the participant. Contact information will be retained and used for marketing of other relevant Children's services. If you do not wish your information to be used for marketing purposes please tick this box.

Please return by Friday 31st August 2012

We will not accept any children and young people onto this event until this form has been returned to

Lesley Inganni

*Action for Blind People, Garland House, 144-146 Borough Road,
Middlesbrough TS1 2EP*