During the activity clubs we take the children swimming and out and about in the minibus, and to do this we need your consent. We also need your consent for certain specific activities that may be on the timetable.

In the unlikely event of an accident, we need your consent to be able to obtain emergency medical treatment or undertake emergency first aid. We will make every effort to contact you, and if your child is taken to hospital we do expect you to get there as soon as possible.

**I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Carer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**give my consent to Cambridge Joint Playschemes Activity Clubs to *(please tick as appropriate)***:

|  |  |  |
| --- | --- | --- |
|  | Yes | No |
| undertake any emergency first aid that is necessary |  |  |
| obtain any emergency medical treatment that is necessary |  |  |
| I will not send my child to playscheme if they, or any of our family or close contacts are showing any symptoms of Covid 19 |  |  |
| I will allow my child’s temperature to be taken on arrival and will take them home immediately if they are showing any symptoms of Covid 19 or any other communicable disease |  |  |
| apply sun lotion to my child as necessary (Summer only) |  |  |
| involve my child in all activities |  |  |
| involve my child in face painting activities |  |  |
| Allow my child to use large outdoor play equipment |  |  |
| Allow my child to use hand sanitation where necessary |  |  |
| Allow my child to use large outdoor play equipment or indoor soft play areas |  |  |
| Use photographs of my child taken at the playschemes in CJP’s Annual  Report, Newsletter or publications to raise funds for the playschemes |  |  |
| Use video footage taken of my child at the schemes to promote CJP |  |  |
| for CJP to contact my child’s school to gain information which may support  the care and welfare of my child |  |  |
| I understand that my child will be mixing with children from other schools |  |  |
| **Allergies to any medication** |  |  |
| **Other significant medical information** |  |  |

Signed .................................................................... Date ..............

Address ........................................................................................................................

.......................................................................................Tel .........................................

Emergency contact telephone number ........................................................................