



# YDTN Consent / Medical Information and Membership Form



## YDTN Tennis Coaching Sessions

### Personal details

Full name of participant	Gender	Age	Date of birth
Home address			

### Emergency contacts (Please provide at least 2 contacts)

Name	Relationship	Telephone numbers	

### Doctor's details

Name (if known)	Practice and village/town	Telephone number

### Medical and welfare information

Please let us know if any of the following are relevant for the participant – **please provide full details below**

Condition	Yes/No	Condition	Yes/No
Recent serious illness	Yes/No	Asthma	Yes/No
Recent serious injury or broken limb	Yes/No	Allergies or historical reaction to medication	Yes/No
Epilepsy, seizures, convulsions or absencing	Yes/No	Taking any medication	Yes/No
Heart condition	Yes/No	Full tetanus vaccination	Yes/No
Diabetes	Yes/No	Any other medical, behavioural or diet issues	Yes/No
	Yes/No		Yes/No

**Please provide any medical, behavioural, dietary or other relevant information which will enable us to support and care for the participant during YDTN activities, or attach further documentation.**

**Please ensure that the participant has sufficient prescribed medication for the duration of the activity.**

<ul style="list-style-type: none"> <li>▪ I consent to the participant taking part in the YDTN programme.</li> <li>▪ I have received full information about the itinerary and programme; I understand its nature and agree to the participant engaging in all the activities described.</li> <li>▪ I understand that the programme may be changed by the Activity Leader in conjunction with any external provider due to weather or for other reasons.</li> <li>▪ The information I have provided on this form is accurate at the time of signing. I agree that this information can be added to electronic management systems where required and I agree to inform YDTN Leader as soon as possible of any changes.</li> </ul>	Yes/No
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**Behaviour and conduct**

<ul style="list-style-type: none"> <li>▪ I understand that the participant must adhere (taking into account the extent of their learning disability and/or other medical/social/cognitive conditions) to any code of conduct and behaviour set out by the Visit/Activity Leader / external provider.</li> </ul>	Yes/No
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**Medical information**

<ul style="list-style-type: none"> <li>▪ I understand that if the participant has an existing medical condition then they need to be accompanied to YDTN activities by a responsible adult who is capable and competent to deal with any medical issues that occur.</li> </ul>	Yes/No
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**Medication**

<ul style="list-style-type: none"> <li>▪ I give consent for the YDTN staff to make available to the participant previously used non-prescribed medication, I understand that I will be consulted by telephone before this takes place and that a record of dosage will be kept.</li> </ul>	Yes/No
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**Medical treatment (delete those you do not consent to)**

<ul style="list-style-type: none"> <li>▪ I consent to the participant receiving any dental, medical or surgical treatment including anaesthetic or blood transfusion as considered necessary by medical authorities.</li> </ul>	Yes/No
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**Please list any treatment you do not consent to so that medical authorities can be informed**

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**Photographs and video recordings**

<ul style="list-style-type: none"> <li>▪ I consent to photographs and video recordings of the participant to be used by YDTN for coaching purposes and for use in publicity, including on-line websites and social media.</li> </ul>	Yes/No
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**Further information**

<ul style="list-style-type: none"> <li>▪ I understand that I can request further information about administering medication, behaviour, charging and remissions, safeguarding and other relevant policies.</li> </ul>	Yes/No
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**Consent**

Name of person giving consent		Relationship to participant (or state 'self')	
Signature		Date	

To be signed by a parent/guardian/carer unless the participant is aged 16 years or older and is living independently, in which case they should sign it.

**Please return this form to Phoebe Clarke**