Holiday Activity Consent Form

Are you on means tested Free School Meals?

If so, you should have been given your child's HAF code from Sheffield City Council. If you have these please write these in the relevant box where you fill in your child's details.

Date	Activity	Attending (please tick)
29th July	Cleethorpes	
1st August	Peak District	
5th April	Water Splash	
12th April	BBQ & Games	
15th August	Inflatables Day	
19th August	Sports Day	
21st August	Magna Trip	

Consent Form

Each person who takes part in our holiday activity programme can only do so with the completion of a consent form. Our online form is a consent form so you do not need to fill in this if you already filled in the online consent. The information will not be shared.

Consent means:

- You are happy for yourself/a responsible adult/your child to take part in the activity
- Your child may receive first aid or medical treatment if necessary by a member of Oasis staff
- You have provided us with accurate information about your contact details and any health conditions/medications
- You acknowledge that Oasis is not responsible for any loss of items you bring with you. We recommend you do not bring anything of value.
- You agree that you will accompany your child on the activity or otherwise provide consent for another responsible adult to accompany your child

You/your child should:

- Be responsible for their behaviour and follow instruction
- Remain with staff and not leave site without informing a member of staff
- Must report any accidents, illness immediately

You reserve the right to withdraw consent at any time. Please contact jade.wilkes@oasisuk.org.uk to withdraw.

I consent to the information above:

Parent/Carer

Full Name			
Address			
Phone number			
Signature		Date	

I am…

☐ A participant over the age of 18 who is signing on behalf of myself

☐ A parent/legal guardian, signing on behalf of myself and or my child(ren)

What is your relationship to the participant?_____

Parent/Carer Emergency Contact Details

Contact 1	Preferred Name:	
	Relationship to you/your child:	
	Phone Number	

Contact 2	Preferred Name:	
	Relationship to you/your child:	
	Phone Number	

Photo Permissions

I give permission for photographs and videos taken of myself/my children at Oasis to be used on Oasis social media and publicity materials	Yes	No
I give permission for photographs and videos taken of myself/my children at Oasis to be shared with partner organisations who may be used on their social media and publicity materials	Yes	No

Responsible adult accompanying the child on the day of activity (if different adults will accompany on different dates please specify)

Full Name					
Address (if different to above)					
Gender (circle)	Male	Female	Non-binary	Other	Prefer not to say

Do you/they have any additional support needs (e.g. SEN) or disabilities? If yes specify below	Yes/No

Do you/they have any medical conditions? E.g. asthma, allergies, diabetes, epilepsy	Yes/No
Do you/they take any medication? If yes, please state below	

What is the name of their/your GP Surgery?

Child/Young person's name 1

Full Name					
HAF code (if applicable)					
Address (if different to above)					
Date of birth					
Gender (circle)	Male	Female	Non-binary	Other	Prefer not to say

Do they have any additional support needs (e.g. SEN) or disabilities? If yes specify below	Yes/No

Do they have any medical conditions? E.g. asthma, allergies, diabetes, epilepsy	Yes/No
Do they take any medication? If yes, please state below	

What is the name of your GP Surgery?

Child/Young person's name 2

Full Name					
HAF code (if applicable)					
Address (if different to above)					
Date of birth					
Gender (circle)	Male	Female	Non-binary	Other	Prefer not to say

Do they have any additional support needs (e.g. SEN) or disabilities? If yes specify below	Yes/No

Do they have any medical conditions? E.g. asthma, allergies, diabetes, epilepsy	Yes/No
Do they take any medication? If yes, please state below	

What is the name of your GP Surgery?

Child/Young person's name 3

Full Name					
HAF code (if applicable)					
Address (if different to above)					
Date of birth					
Gender (circle)	Male	Female	Non-binary	Other	Prefer not to say

Do they have any additional support needs (e.g. SEN) or disabilities? If yes specify below	Yes/No

Do they have any medical conditions? E.g. asthma, allergies, diabetes, epilepsy	Yes/No
Do they take any medication? If yes, please state below	

What is the name of your GP Surgery?

Child/Young person's name 4

Full Name	
HAF code (if applicable)	
Address (if different to above)	

Date of birth					
Gender (circle)	Male	Female	Non-binary	Other	Prefer not to say

Do they have any additional support needs (e.g. SEN) or disabilities? If yes specify below	Yes/No

Do they have any medical conditions? E.g. asthma, allergies, diabetes, epilepsy	Yes/No
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What is the name of your GP Surgery?	

Child/Young person's name 5

Full Name					
HAF code (if applicable)					
Address (if different to above)					
Date of birth					
Gender (circle)	Male	Female	Non-binary	Other	Prefer not to say

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What is the name of your GP Surgery?