



Please note: that the information within this form will be shared with all staff members involved in delivering the residential. This includes organisations who are staffing the residential in partnership with CYZ.

Health and Consent Form for Trips

Please complete this form with as much information as possible. Fields marked with a * are mandatory.

Group Name	Cumberland Youth Matter – January Residential to Brathay		
First name*			
Last name*			
Date of birth*			
Gender*			
Preferred pronouns			
Address*			
		Postcode	
Dietary requirements (halal, vegetarian, allergies, etc)*			
GP name & address*			
Does the participant have any history of*:	Yes	No	
Asthma			
Epilepsy/convulsions or absencing			
Insulin-dependent diabetes			
Severe allergic reaction/anaphylaxis			
Long term illness			
Recent sprains/fractures			
Disability			
Any other relevant medical conditions			
If the answer to any of these questions is YES , then please give details below			
Please list any medication information where relevant to the trip (eg. inhaler, epi pen, allergic to plasters, etc)*			
If a young person has medication to take, CYZ staff must know this:			

Personal Information: Is there anything we should know about the member which hasn't been listed elsewhere:	
I consent to the young person attending this trip as detailed on the covering letter. I confirm they have an in date CYZ membership*	Yes / No
I consent to any emergency medical treatment necessary, and authorise staff to sign any written form of consent required by the hospital authorities if the delay in getting parent/guardian agreement is considered by the doctor to endanger the young person's health and safety*	Yes / No
I agree that my image (in photos or videos) may be used for reporting and publicity purposes in printed publications, on social media, on the Youth Zone website or elsewhere (this may include the trip venue)*	Yes / No

IN CASE OF EMERGENCY*

	Emergency Contact 1		Emergency Contact 2	
Name:				
Relationship to young person:				
Contact Details	Work phone:		Work phone:	
	Home phone:		Home phone:	
	Mobile:		Mobile:	
	Email:		Email:	

Signed:		Date:	
Print name:		Relationship to young person:	