



## Participant Information Form (left on site without parent / support worker)

This form **MUST BE** filled in if it has been agreed by Let's Enable that the participant can take part in the activities without the parent / support worker in attendance – it **must be completed and signed before activities can take place. Let's Enable reserves the right to cancel a session if this form has not been completed before the start of a session– if this occurs, the full cost of the session will be due.**

It is the responsibility of the parent / support worker to ensure the participant has any medication they may need during the session- they will need to be able to self-administer it unless it is an emergency medication and required if the emergency services / health care professionals are contacted.

It must be kept on the person at all times in a zipped pocket. Any medication must be in an original pack with full dosage instructions, so they can be clearly identifiable.

It is the responsibility of the parent / guardian to ensure that if there are any changes relating to medication / a condition that a new form is filled in.

### Participants' details

Name:	
Home Address:	
Post code:	Date of birth:
Telephone number:	Email:

Parent or carer's details (if the child is under 18 years old or the participant does not have the mental capacity to consent)

Name:
-------



## Participant Information Form (left on site without parent / support worker)

Home Address:	
Post code:	Date of birth:
Telephone number:	Email:

Emergency contact details (only fill in if different from the parent or support workers's details):

Name:	Relation to person:
Home Address:	
Post code:	Date of birth:
Telephone number:	Email:

Participant's GP

GP:	
Address:	
Post code:	
Telephone number:	Email:



## Participant Information Form (left on site without parent / support worker)

Please provide details of any medical conditions or allergies that may affect your ability to participate in some of the activities or if there is anything else you feel Let's Enable should be aware

I agree to (please tick):

any medical treatment that may need to be given in an emergency

Name (please print):

Signature:

Relationship to participant

Date