Activity Days

**Redbridge Booking Form**

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| **Family Information** |
| Date of Fun Day Requested: |       |
| Family Surname: |       |
| Main Contact Name: |       |
| Address: |       |
|       |
|       |
|       |
| Postcode: |       |
| Day Time Phone number: |       |
| Evening Phone number: |       |
| Email address: |       |
| Social Worker: |       |

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| **Individual details – young person** |
| Name: |       |
| Age: |       |
| Date of Birth: |       |
| Gender: | Male: **[ ]**  | Female: **[ ]**  |
| Ethnicity: |       |
| Disability: |       |
| Wheelchair user: | Yes: **[ ]**  | No: **[ ]**  |

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| **Emergency Contact Details (please give details of two people)** |
| Name | Relationship | Phone number |
|       |       |       |
|       |       |       |

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| **Medication** |
| Please give details of any medication being taken:      |

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| **Medical considerations** |
| e.g. asthma or allergies. Please tell us anything you think we might need to know.      |

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| **Any other information?** |
| Please give details of anything that will help us to work with your child, so that we can make the day as enjoyable as possible for them.      |

Do you require transport? Please select: **Yes [ ]  / No [ ]**

Does is need to be wheelchair accessible? Please select: **Yes [ ]  / No [ ]**

Do we have permission to re-apply sunscreen to your child, if necessary?

Please select: **Yes [ ]  / No [ ]**

Do we have permission to include your child in any photographs we may take for future publicity?

Please select: **Yes [ ]  / No [ ]**

**DATA PROTECTION:** Personal information regarding your family is held and retained by Lambourne End Ltd in accordance with our data protection policy. No personal information will be sold to other bodies or companies. Data will be used to record attendance and provide statistical and monitoring information to the London Borough of Redbridge, who fund the Lambourne End Fun Days as part of the Short Breaks Programme. Personal Information will also be shared with medical personnel in the event of your child requiring emergency medical attention. Lambourne End Ltd retain your personal information to keep you informed about Short Breaks and other relevant events at Lambourne End.

Please note that by completing this form, you are confirming that your child’s needs will be met by a staffing ratio of four members of staff to nine young people **OR** that your child will be attending with a parent or carer to help meet their needs.

**Signed:**        **Dated:**