 **Participation Form – Confidential**

**Drama Droplets and Drama Drop In 2019 / 2020**

1. To be completed by parent or guardian of participant

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| Participant’s name: |
| Home address: |
| Postcode:       Home telephone number: |
| Email: |
| Participant’s date of birth: |
| Participant’s School: |

1. Parent or guardian’s details

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| Name: |
| Address:  (If different from above) |
| Postcode:       Telephone number: |
| Email: |
| Mobile number: |
| Other contact number: |

1. Emergency contact details if different from above

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| Name: |
| Address: |
| Postcode: |
| Telephone number:       Mobile: |
| Connection to participant: |

1. Medical details

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| Participant’s GP: |
| Address: |
| Postcode:       Telephone number: |

1. Does the participant have any access needs that Action Transport Theatre should know about?

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| If yes, please provide details of how we can support. |
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1. Does you the participant suffer from any medical conditions? Yes  No

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| If yes, please provide details of the conditions |
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**PLEASE TURN OVER**

1. Does the participant suffer from any allergies? Yes  No

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| If yes, please provide details of the allergies |
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1. Does the participant need any medication? Yes  No

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| If yes, please provide details of the medication and which condition or allergy it is used to control/cure |
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1. Is there any other relevant information (eg dietary needs, participant’s fears, needs related to your participant’s age, development or circumstances) about the participant which you as the parent/guardian would like to share?

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1. Is the participant allowed to make their own way home from the session? Yes  No

If **no,** please state who will be collecting them.

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1. How did you hear about this project?

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**PLEASE CONTINUE TO THE FINAL PAGE**

**Declaration**

I the parent/ guardian agree to the named participant taking part in the stated activity.

I agree to the details on this form being kept on a database for tracking and contact purposes for future activities with Action Transport Theatre.

I agree to the participant being filmed or photographed with the possibility that these photograph/media recordings may be used for publications or marketing publicity.

In the event of an emergency, I consent for any medical treatment that my child may need prior to my arrival.

**Signature:**

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**Date:**

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**Information for parents and guardians**

**Action Transport Theatre** aims to provide a safe and enjoyable experience for every young person.

To help **Action Transport Theatre** in providing a quality service please note the following important information.

* All questions on the participation form must be completed and signed by the parent/guardian before any young person takes part.
* Parents/guardians must ensure that any changes to the information given on the form are notified to **Action Transport Theatre**.
* Parents/guardians must ensure that they make their own arrangements for young people going to and leaving the session, please note that **Action Transport Theatre** is not responsible for young people outside their session times they should therefore arrive and depart at the appropriate times.
* **Action Transport Theatre** cannot take responsibility for any damaged clothing and/or personal items during the activity.
* Please ensure the young person has a small snack, water, comfortable clothing and medication (where appropriate) for the duration of the session activity.