

# Young Person Profile



Personal Information			
Child's first name	Surname	Age	DOB
Address			
Postcode			
Name of parent/carer			
Tel no of parent/carer		home	
		mobile	
		work	
Email address of parent/carer			
Emergency Contact Names and Telephone Numbers (including relationship to child):			
1)	Tel no:	relationship:	
2)	Tel no:	relationship:	
Medical Information			
GP's name			
Address			
Postcode			
Tel no			
What is your child's diagnosis?			
What has your child been told about their diagnosis:			
Does your child have any condition(s) and/or disabilities other than autism?			<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, please describe how it affects your child			
Does your child have epilepsy? If yes, how is this managed? Will your child require to have medication with them?			<input type="checkbox"/> yes <input type="checkbox"/> no

## Health

Does your child have any allergies? If yes, please state what these are	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child take any medication ? What is the medication and instructions for administering ?	
How does your child respond to pain? This is important so we can monitor their response if they have a sporting injury.	<input type="checkbox"/> yes <input type="checkbox"/> no

## Communication

Does your child have any speech? If yes, is their speech fluent, in short phrases or as single words?	<input type="checkbox"/> yes <input type="checkbox"/> no
Can your child make their needs known? If yes please describe how your child communicates their needs	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child use any form of sign language or visual aid, e.g. Makaton/PECS/BSL? If yes, give details	<input type="checkbox"/> yes <input type="checkbox"/> no
Does your child benefit from visual timetables and social stories ?	<input type="checkbox"/> yes <input type="checkbox"/> no

## Your Child's Likes and Dislikes

Please give examples of things your child likes	Please give examples of things your child dislikes
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## Behaviour

Are there any particular triggers that upset your child?  Is there a strategy that you use that you find helpful ?
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# PERMISSION AND DISCLOSURES

## Media – Photographs and video

I give/ do not give\* consent for said child’s inclusion in photos to be used by Team United, and their delivery partners for reporting, training, and marketing and fundraising purposes.

We use photographs to promote our work and often will use photographs on our website and/or promotional material and reports.

Signed

Date

Please print name .....

\* *Delete as applicable*

- I certify that I am the person with parental responsibility for the child named above and that the information given is true to the best of my knowledge and belief.
- I understand that any false or deliberately misleading information given on this form and/or supporting information may lead to the offer of a place being withdrawn.

**Name (please print)** .....

**Parent/Carer’s Signature**

**Date**

## DATA PROTECTION

Team United will hold information provided by you in both electronic and paper format.

Your details will be treated with the strictest confidence and will be used for the purposes of informing our own records and the records of partners involved in the delivery of this programme. Team United will not divulge information to any other third parties without your express permission. This includes local clubs and groups who may be involved in the programme at some stage.

By signing below you agree that we may share and seek information from the other organisations involved in the delivery of this programme, the programme organisations involved in this programme. This is to ensure we provide the best service and support while your child attends this programme.

**Name of parent/carer ..... (please print)**

.....  
**Signature of parent/carer**

.....  
**Date**