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| Date of referral/enquiry |  |
| Young person’s name |  |
| Young person’s D.O.B |  | Age: |
| Young person’s address. |   |
| Young person’s medical conditions and physical conditions, if applicable.(Including historical) |  |
| Young person’s behavioural risks, and anything else we need to know. Including any triggers, educational or behavioural plans.  |  |
| Safeguarding information. |  |
| Anything else we need to know. |  |
| Reason for referral. |  |
| Desired outcomes for the young person. |  |
| Current levels of literacy and numeracy.  |  |
| Other agencies involved. |  |
| Has the young person any dietary requirements? Including any allergies? |  |
| Juice and a snack will be provided. | Will the young person require lunch? Yes/No Does the young person receive free school meals? Yes/NoWill the young person be bringing a packed lunch? Yes/No |
| Name/position of referrer |  |
| Organisation, address and contact details of referrer |  |
| Emergency name relationship and contact details: |  |
| Name of Parent/Carer has consent been obtained to attend? |  |
| I understand that the young person is to attend an outdoor activity and I agree to them taking part. To the best of my knowledge, the young person is in good health. In case of accident or illness whilst away from home/school. I consent to any emergency medical treatment which is deemed necessary.I consent to photo’s to be taken of the young person. Yes/No Signed:………………………………………………. Date:………………………Signed by …………………………………. Relationship to young person……………………………………… |