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| **CATCH22, SUFFOLK POSITIVE FUTURES** |
| **Holiday Activity ‘Fit and Fed’ Programme Referral Form**  **Easter Holidays 2024 @ Ormiston Denes Academy** |
| **Fit and Fed programme provides free open access activities supplemented by a healthy meal to children and young people 11-16 years old throughout the school holiday** |
| **\*Dates requested (please tick as appropriate)** |

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| **Wednesday 3rd April 2024**  **10.30-12.30pm** | **Wednesday 10th April 2024**  **10.30-12.30pm** |
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| **We expect this form to be completed by a professional working with the child/young person as well as the young persons parent.** | | | | |
| Full Name of Professional | | Role/Job Title | | |
| Organisation/school |  | | | |
| Tel No. | Mobile No. | Email: | | |
| **\*Details of child/young person – PARENTAL CONSENT** | | | | |
| Full Name | | | DOB | Postcode |
| School Attended |  | | | |
| Dietary needs | |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | | Vegetarian |  | No pork |  | No beef |  | | Vegan |  | Gluten free |  | Other (please let us know) |  | | | | |
| Allergies | |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Egg |  | Peanuts |  | Milk |  | Nuts |  | | Fish |  | Shellfish |  | Soybean |  | Other (please let us know): |  | | | | |
| Health conditions e.g. asthma and/or medications |  | | | |
| Does this child have additional needs? If yes, please explain | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | |
| Is child receiving Free school meals (FSM)? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | |
| Is your child fit and well to take part in physical activity? If no, please explain | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | |
| I consent to my child to take part in the Holiday Activity programme | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | |
| Consent to medical treatment | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  |   I consent to my child receiving medical treatment, which in the opinion of a qualified medical practitioner may be necessary and that it is the participants’ responsibility to inform staff of any medical conditions/requirements prior to the activity (e.g. injuries) | | | |
| My child’s doctor name and address |  | | | |
| I consent to photographs of my child being used for advertising and promotional purposes | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | |
| Are you happy for your child to make their own way home? | |  |  |  |  | | --- | --- | --- | --- | | Yes |  | No |  | | | | |
| I can be contacted via (please tick as appropriate).  Other than in an emergency, we will contact you to confirm places, dates, times and to request feedback | |  |  | | --- | --- | | **Phone call** |  | | **Text message** |  | | **Post** |  | | **Email** |  |   Please write your email address below: | | | |
| **Parents/carer will receive a text confirming dates** | | | | |
| **Details of parent/carer** | **Details of emergency contact** | | | |
| Name |  | | | |
| Address |  | | | |
| Telephone/Mobile number |  | | | |
| Relationship to child |  | | | |
| Parent/carer signature  Date |  | | | |
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| **The information provided in this form will be used to ensure a safe provision, evaluate the project and apply for future funding to run more projects like Fit and Fed in the future. We expect to keep the information for 12 months whilst we evaluate the project.**  **This information will be stored digitally within Catch22 and will only be accessed by those directly involved in the Fit and Fed project.** | | | | |