**How to book a place on an activity:**

**Respite Activity Consent & Booking Form**

|  |  |
| --- | --- |
| **Date of Respite Activity** |  |
| **Respite Activity**  |  |
| **First Name of Young Carer** |  |
| **Surname of Young Carer** |  |
| **Age & DOB of Young Carer** |  |
| **Parent/Guardian/Name & Relationship**  |  |
| **Parent/Guardian contact number:** |  |
| **YC contact number:** |  |
| **Medical Needs** Asthma: does the young person require an asthma pump, if so please make sure to bring on the day of the activity. State any medical requirements. |  |
| **Dietary Requirements and/or Food Allergies.** |  |
| **Do you consent to photo/media?** | **Yes / No** |
| **'I've read and understood the consent form and the rules being followed due to covid-19**  | **Yes / No**  |
| Parent/Guardian Signature  |  |
| Young Carer Signature |  |

Please complete for any trip you wish to attend, and return to youngcarers@talkofftherecord.org. We will then contact you to confirm your place, thank you.