PAD Productions

Participant Information and Safeguarding Form

Session Name : Troubadour's Toolkit

Session Dates :

Participant Name :

Date of Birth :

Address :

Contact Telephone Number :

Contact Email Address :

Safeguarding Information -

Name of person who will collect Participant :

Please note, the Participant MUST NOT leave the sessions without a member of the PAD team being informed, including their departure after the sessions finish.

Emergency Contact Information – please provide two emergency contacts

Contact 1 – Name :

Relationship :

Telephone Number :

Email Address :

Contact 2 – Name :

Relationship :

Telephone Number :

Email Address :

Medical History -

Does the Participant have any existing medical conditions? YES / NO

If YES please give details :

Does the Participant have any allergies? YES / NO

If YES please give details :

Is the Participant currently taking any medication? YES / NO

If YES please give details :

If YES, is this self-adminstered? YES / NO

If NO, please give details :

Does the Participant have any physical, dietary or specific needs, or access requirements? YES / NO

If YES please give details :

Permission to Participate -

I consent to my child taking part in the approved program of activities for the Troubadour's Toolkit.

I appreciate that, while every care will be taken, those working for PAD/Derby LIVE cannot be held responsible for personal injury, loss or theft of property affecting my child.

Signature of Parent/Guardian :

Print Name :

Date :