

**Referral/Medical Questionnaire**

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| --- | --- | --- | --- | --- | --- |
| **Key Stage** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| Primary School10:00am - 12:00pm | Multi Sports | Multi Sports&Fitness session | Multi Sports & Workshop | Multi Sports | Gymnastics/DanceFootball |
| Secondary School 12:30pm - 14:30pm | Multi Sports | Multi Sports&Fitness session | Multi Sports & Workshop | Multi Sports | Gymnastics/Dance Football |
| Please select the day for the activity you are applying for |  |  |  |  |  |

Referral details

|  |  |
| --- | --- |
| Name of person making referral |   |
| Organisation |   |
| Contact details (telephone number and email) |   |
| Date |   |
| Date contacted by R.I.S.A (to be completed by R.I.S.A) |   |

Young Persons Details

|  |  |
| --- | --- |
| Name |   |
| Address |   |
| Contact details |   |
| Age |   |

Parent/Carer Details

|  |  |
| --- | --- |
| Name |   |
| Address |   |
| Contact details |   |

Emergency Contact Details

|  |  |
| --- | --- |
| Name |   |
| Address |   |
| Contact details |   |
| Relationship to young person |   |

|  |  |
| --- | --- |
| Any other information you feel may be relevant. |   |
| How will they be travelling to/from the venue? |   |

Social Worker Details

|  |  |
| --- | --- |
| Name |   |
| Contact details |   |

School Details

|  |  |
| --- | --- |
| School name and address |    |
| School contact name |   |
| Email and telephone number |   |
| As these sessions are during school time the school will need to agree to the young person attending and track attendance. Has contact been made with the school toagree this? |   |
| If attending a PM session lunch will need to be givenprior to arrival. | Agreed Yes/No |
| If the young person is unable to attend contact will be made prior to the session to advise them of theabsence. | Agreed Yes/No |

Objectives

|  |  |
| --- | --- |
| What outcomes would you like to see from these sessions?Do you have any targets to achieve? |         |

Medical

|  |  |  |
| --- | --- | --- |
| Does the young person have any medical conditions we should know of? | Yes/No | If yes, please give details- |
| Does the young person have any disabilities we should know of? | Yes/No | If yes, please give details- |
| Does the young person have any specific behavioral issues? | Yes/No | If yes, please give details- |
| Would the young person usually have 121 support? | Yes/No |  If yes, please give details- |
| Does the young person have a risk assessment within school/behavior plan/ EHCP? | Yes/No | Please provide a copy. |

Any other information?

**Medical**

|  |  |
| --- | --- |
| Do you give permission for R.I.S.A to administer medication for minor ailments (paracetamol, Plasters) and manage any medication that the young person may?take regularly e.g., asthma inhalers.? | Yes/No |
| If the young person becomes ill or has an accident that requires emergency treatment do you authorise all medical and surgical treatment, x rays, laboratory, anesthesia and other medical procedures that may be performed or prescribed by the attendingphysician/paramedic? | Yes/No |
| Name and Signature  |   |

**Parental/Guardians**

|  |
| --- |
| By signing this form, you are giving permission for this young person… to participate inthis project organised by R.I.S.A including all the activities involved. You are also confirming that you understand that although staff in charge of the activities will take all reasonable care of the participants, they cannot necessarily be held responsible for any loss, damage or injury a young person suffers as a result of an event.R.I.S.A aims to provide a safe, secure environment for all young people participating in its events. Risk assessments will be undertaken for all activities and all young people will be supervised during these activities. Young people participating in these events are responsible for their own actions. By signing this form, you are saying that the young person will abide by the rules and that failure to do so may result in the young person beingsent home/excluded. |
| ConsentI give permission for to take part in the R.I.S.A programme.Signature/Name Date  |

I give permission for my child’s name and or photo to appear in Raven Inspiring Sports Activity Southampton City Council publications and the schools.

 Parent/Guardian Name:

 Signature:

 Date:

**Please complete and return to** **risasportschildcare@gmail.com**