



## NUH Youth Service Nottingham Children's Hospital

Queens Medical Centre Campus  
Derby Road  
Nottingham  
NG7 2UH

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**Web:** [www.nuhyouthservice.org.uk](http://www.nuhyouthservice.org.uk)

### Join us for our Half-term Trip to: Colwick Park Adventure Centre

**On: Tuesday 30<sup>th</sup> May**

**Meeting at: Colwick Park  
Adventure Centre**

**Times: 9:30am – 2:30pm**

**Cost: £10.00 per person**

**See the next page for further details...**



To register your place, fill out the attached consent form and return it to us no later than Wednesday 25<sup>th</sup> May.

For further information, please contact the NUH Youth Service on: 0115 970 9421 or email us: [nuhyouthservice@nuh.nhs.uk](mailto:nuhyouthservice@nuh.nhs.uk)

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## Parent & Carer Briefing Sheet

	Staff	Role	Contact Numbers:
1	Donna Hilton	Youth Service Manager	07595 285042
2	Michael Horne	Emotional Health Youth Worker	07812 276699
3	Terrence Green	Youth Worker	07812 279525
4	Volunteers		
5			
<b>Centre Details &amp; Meeting times etc.</b>		Colwick Park Adventure Centre, River Road, Off Mile End Road Colwick Country Park, West Lake, Nottingham. NG4 2DW  <a href="#">Colwick Park Adventure Centre - Nottingham City Council</a>  Meeting there at 9:30am; finishing at 2:30pm	
<b>Activities Undertaken on Trip/Event:</b>		A selection of activities such as: <ul style="list-style-type: none"> <li>- Canoeing/Kayaking or raft-building</li> <li>- Climbing/High Ropes</li> <li>- Archery</li> <li>- Team-building &amp; problem-solving</li> </ul> Activities will depend upon the weather and the instructors available on the day.	
<b>What to bring:</b>		<ul style="list-style-type: none"> <li>• A packed lunch</li> <li>• Suitable clothing and footwear</li> <li>• A change of clothes &amp; a towel</li> <li>• <b>Any medication required for the day</b></li> <li>• Please note that any valuables brought along will be the responsibility of the young people and not the staff.</li> </ul>	
<b>Other Details:</b>		Please ensure you inform us of any information necessary in order to best support you. Please let us know of any learning disabilities, allergies etc. too.	





# Consent Form

<b>Participants Full Name:</b>		<b>Date of Birth:</b>	
<b>Preferred Name:</b>		<b>Pronouns:</b>	
<b>Address and Postcode:</b>			
<b>Contact Details:</b> (Name & Number)			
<b>Emergency Contact:</b> (Name & Number)			
<b>Details of Event/s:</b> (Tick if attending)	Yorkshire Wildlife Park		

Any details we may hold of yourself or a young person are stored in a secured place and will only be used to ensure the safety and protection of an individual. None of your information is shared with external parties unless it is essential for Health and Safety or Safeguarding purposes.

**Please read and confirm the statements below:**

- I have read the information on the visit/activity and consent to taking part.
- I am able to swim a minimum of 50 metres (for water activities only)
- I consent to any emergency medical treatment found to be necessary during this visit/activity.
- I understand the NUH Youth Service **Acceptable Behaviour** policy (I.E. Young people will be required to follow staff instructions at all times. Failure to do so will result in not participating in the activity/trip)

**Please tick to consent to the optional statements below:**

- I consent in taking **photos/Videos** which may be used for presentations, social media and other NUH Hospital publicity.
- I consent to being included in Youth Service WhatsApp Groups.

<b>Name of Doctor:</b>			
<b>Doctors Address:</b>			
<b>Details of Medical Conditions/Disability/Allergies</b> (Please include any learning difficulties)			
<b>Current Medication:</b>			
<b>Dietary Requirements:</b>			
<b>Other Information that we need to know:</b>			
<b>Name/Signature: (if over 18)</b> <b>Name/Signature of Parent/Carer: (if under 18 yrs)</b>		<b>Date:</b>	

