**Personal Information**

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| Adult’s Full Name: | Date of Birth: |
| Adult’s Address: | Home Language: |
| **Adults with Responsibility (if applicable)** |
| Name:Address (if different from adult):Relationship to adult: | Name:Address (if different from adult):Relationship to adult: |
| **Emergency Phone Numbers** |
| 1st Contact’s Name: Tel:Address: Relationship to adult: |
| 2nd Contact’s Name: Tel:Address: Relationship to adult: |
| Do you have any known allergies? YES / NOFull Details: |
| Do you have any known medical conditions? YES / NOFull Details: |
| **GP Information (for emergency use)** |
| Name: Address:Tel: |

**Permissions**

Please tick each box below to give your consent.

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| **Complaints** |
|  | I have been read a copy of the Complaints Policy on the website and know what to do should I havea complaint that cannot be resolved between ourselves. |
|  | I have been read a copy of the Safeguarding Policy on the website and understand the legal duty thatThe Art Bus Chester are bound by, to report any concerns about an adult’s welfare or safety. |

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| **Accidents and Emergencies** |
|  | I give my permission to receive basic first aid within the setting, where necessary. Iunderstand that I will sign and date a copy of any accident/incident reports involving myself. |
|  | I give permission to be taken to the accident and emergency department (A&E)for urgent medical attention if this is necessary. |
|  | I agree to being left in the care of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in case of anemergency.  |
|  | I give permission for my contact details to be shared with The Art Bus Chester, for use only in caseof an emergency. |
|  | I have checked with my emergency contacts and they are also happy to have their contact detailsshared with The Art Bus Chester. |

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| **Photographs & Observations** |
|  | I agree that any photographs sent to me showing other adults in the setting will be for personaluse only by myself. They will, under no circumstances, be shared on social media or sent toanybody else outside the setting. |

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| **If you do not give consent for photographs to be used in some of the situations below, please cross the****relevant boxes to make your wishes clear.** |
| I give my permission for photographs to be taken of myself: |
|  | to be sent to me via email/private group/on paper; |
|  | to be shared in group messages, which can be seen by other adults from the setting; |
|  | to be seen in the background of photographs taken of other adults and sent to them; |
|  | to be used in a portfolio to be kept in the setting and viewed by the public, prospective clients,etc; |

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| The Art Bus Chester Owner: |
| The Art Bus Chester Signature: | Date: |
| Parent’s Name: |
| Parent’s Signature: | Date: |
| Date Policy Written: May 2022 | Policy Review Date: |