



Catch22 Suffolk Positive Futures

Boxing Exercise and Skills Referral Form: Summer Holiday 2021 @ Chantry Academy

The boxing exercise programme provides free, open access activities from 11.30 – 12.30 to children and young people 10-16 years old during the school summer holiday.

***Dates requested (please tick as appropriate)**

Thursday 29 th July	Friday 30 th July

Thursday 5 th August	Friday 6 th August

Thursday 12 th August	Friday 13 th August

Thursday 19 th August	Friday 20 th August



This section of the form is to be completed by a professional working with the child/young person.

Full Name of Professional		Role/Job Title
Organisation/school		
Tel No.	Mobile No.	Email:

***Details of child/young person – PARENTAL CONSENT**

Full Name	DOB	Postcode
School Attended	CHANTRY ACADEMY	
Dietary needs	Vegetarian <input type="checkbox"/> No pork <input type="checkbox"/> No beef <input type="checkbox"/> Vegan <input type="checkbox"/> Gluten free <input type="checkbox"/> Other (please let us know) <input type="checkbox"/>	
Allergies	Egg <input type="checkbox"/> Peanuts <input type="checkbox"/> Milk <input type="checkbox"/> Nuts <input type="checkbox"/> Fish <input type="checkbox"/> Shellfish <input type="checkbox"/> Soybean <input type="checkbox"/> Other (please let us know): <input type="checkbox"/>	
Health conditions e.g. asthma and/or medications		
Does your child have additional needs? If yes, please explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child receiving Free School Meals (FSM)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is your child fit and well to take part in physical activity? If no, please explain	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I consent to my child to take part in the Holiday Activity programme	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Consent to medical treatment	Yes <input type="checkbox"/> No <input type="checkbox"/> I consent to my child receiving medical treatment, which in the opinion of a qualified medical practitioner may be necessary and that it is the participant's responsibility to inform staff of any medical conditions/requirements prior to the activity (e.g. injuries)	



My child's doctor's name and address	Doctor's Name: Surgery Address: Tel. No.
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I consent to photographs of my child being used for advertising and promotional purposes	Yes <input type="checkbox"/> No <input type="checkbox"/>
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Are you happy for your child to make their own way home?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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I can be contacted via (please tick as appropriate). Other than in an emergency, we will contact you to confirm places, dates, times and to request feedback	Phone call <input type="checkbox"/> Text message <input type="checkbox"/> Post <input type="checkbox"/> Email <input type="checkbox"/> Please write your email address below:
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Parents/carer will receive a text confirming dates

Details of parent/carer	Details of emergency contact
Name	
Address	
Telephone/Mobile number	
Relationship to child	
Parent/carer signature	
Date	

The information provided in this form will be used to ensure a safe provision, evaluate the project and apply for future funding to run more projects like Fun, Fit and Food in the future. We expect to keep the information for 12 months whilst we evaluate the project.

This information will be stored digitally within Catch22 and will only be accessed by those directly involved in the Fun, Fit and Food project.