

3GENERATE

CHILDREN & YOUTH ASSEMBLY

Information required by leaders of groups attending 3Generate 2018

This form is provided to assist leaders to gather from parents/carers the information they will need to bring to the event. Also, some details will need to be added to the secure online event management system.

Attendee Details					
Full Name:	Bryn Fahy				
Address:	1 Thurbeck Cotgrave Nottingham			Postcode:	NG12 3TD
Gender:	Female / <input checked="" type="radio"/> Male / <input type="radio"/> Other	Date of Birth:	18/08/05	Age at event (on 23/11/18):	13
Individual Requirements					
<ul style="list-style-type: none"> Any known medical conditions (physical or mental health) (e.g. diabetic, bipolar, etc)? Details of medication being taken during the event, e.g. type of medication – tablets, liquid, etc... dosage and when taken, type of inhaler, etc (NB: epipens and inhalers must be kept with the attendee at all times): 		Developmental Co-ordination Disorder Accelerated Growth & learning disabilities Autism			
Are there any specific requirements or special needs (e.g. hearing/visual impairment, mobility problems, autism, anxiety, understanding or communication issues, etc)?		AUTISM & ANXIETY.			
Any serious allergies or allergies to medication (please note allergies such as penicillin, latex or anything that may cause an asthma attack)?		NONE KNOWN			
Are there any dietary requirements (including vegetarian/vegan/pescatarian, allergies, intolerances or diseases e.g. Coeliac's, Crohn's, etc)?		<input type="checkbox"/> Vegetarian, <input type="checkbox"/> Vegan, <input type="checkbox"/> Pescatarian, <input type="checkbox"/> Gluten Free, <input type="checkbox"/> Dairy Free, <input type="checkbox"/> Nut Allergy, <input type="checkbox"/> Other (please give details)... NO			
Emergency Contact Details (please provide two)					
First Name:	AMANDA	Surname:	REYNOLDS		
Relationship:	MOTHER	Phone number:	07532385800		
Address (if different to attendee):					
First Name:	MARIAN	Surname:	DONOVAN		
Relationship:	GRANDMOTHER	Phone number:	01492 572906		
Address (if different to attendee): 7 OVERLEA AVENUE DEGANWY CONWY LL31 9TA					
GP Details					
Name of GP:	TASKER				
GP Address (in the event of an emergency, we may pass on these details):	COTGRAVE MEDICAL CENTRE				

MEDICATION

* PARACETAMOL 500MG x2 FOR PAIN WHEN REQUIRED UP TO 4 TIMES A DAY 4-6 HRS

* 1 AT NIGHT IF IBUPROFEN 400MG AS ABOVE

NOT ALREADY TAKEN MELATONIN 7MG AT NIGHT

MULTI VITAMIN & OMEGA 3 x1 AT NIGHT