



## Crossroads Young Carers Cowal & Bute

## Crossroads Caring for Carers Cowal & Bute SCIO

### October Activity Programme 2019

Date	Group	Activity	Age	Attending Yes/No
Tuesday 15 <sup>th</sup> October	Cowal & Bute	Heads of Ayr Farm Park Please bring a packed lunch	8 - 18 years	
Wednesday 16 <sup>th</sup> October	Bute	Bute Carers Centre Fun day with walk & picnic	5 – 18 years	
Thursday 17 <sup>th</sup> October	Cowal	Dunoon Beach walk, games & picnic	5 – 18 Years	
Friday 18 <sup>th</sup> October	Bute & Cowal	Swimming Please bring packed lunch	8 - 18 years	

### Points to note:

All activities are subject to change and may be cancelled at short notice.

Departing am and returning pm – times to be confirmed.

Limited spaces, please ensure we receive your completed forms by Friday 27<sup>th</sup> September 2019 – places on first come first serve basis.

**Please return a complete copy to us and keep one for your records**

All Young Carers must be registered with Crossroads Young Carers Cowal & Bute to take part in activities & trips.

Please ensure your child/young person has appropriate clothing for the weather on the day.

Times are approximate, we will contact the person nominated below should times differ from those above.

Crossroads Young Carers Cowal & Bute, Crossroads Caring for Carers Cowal & Bute SCIO,  
93A Marine Parade, Kinn, Dunoon, Argyll, PA23 8HQ

Office: 01369 704492

Email: [mags@cyccb.org.uk](mailto:mags@cyccb.org.uk) or [admin@cyccb.org.uk](mailto:admin@cyccb.org.uk)

Mobile: Mags – 07827767472

Mo (Cowal) – 07884264179

Eileen (Bute) - 07884263588



## October Activity Programme 2019

I consent to the child/young person below attending the Activities as indicated above with Crossroads Young Carers Cowal & Bute

Young Persons Name:	
Address:	
Date of Birth:	
Telephone:	
Gender:	
Nominated Contact:	
Nominated Contact Telephone:	
1 <sup>st</sup> Emergency Contact:	
1 <sup>st</sup> Emergency Contact Telephone:	
GP Surgery & Contact information	

Does the Young Carer have a Medical Condition:		Medication required:	
When is medication required?		What dose is to be given?	
Are there any side effects with medication?		What is your emergency plan?	
Does the Young Carer have any allergies?		Does the young carer have any dietary requirements?	
Does the young carer self-medicate, require prompts – please tell us more		Has the young carer suffered from any infectious/contagious disease in the last 3 months?	
Has the young carer had a Tetanus Injection in the last 10 years?		Does the young carer suffer with travel sickness?	



Do you authorise Crossroads Young Carers Cowal & Bute Staff & Volunteers to administer/prompt medication?	Yes/No	Signature:
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Do Crossroads Young Carers Cowal & Bute staff & volunteers have permission to administer/prompt the following?			
	Yes	No	Signature
Sun Cream	Yes	No	
Insect Repellent	Yes	No	
Paracetamol	Yes	No	
Anti-Histamine Cream	Yes	No	
Calamine Lotion	Yes	No	

Other Information:	
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Crossroads Young Carers Cowal & Bute staff will notify young carers families of changes to times, dates and activities as soon as possible.

Unless otherwise stated, costs incurred in the activity, trip or residential are covered by funding received by Crossroads Young Carers Cowal & Bute.

I will inform Crossroads Young Carers Cowal & Bute of any changes to medication prior to the activities.

I will inform Crossroads Young Carers Cowal & Bute as soon as possible should my young person no longer require a place on the activity, trip or residential so that the place can be offered to another young person.

I am aware that activities, trips and residential may be subject to cancellation at short notice.

I have received a copy of Crossroads Young Carers Cowal & Bute Behaviour Policy and have discussed this with my young person.

Parent/Adult Carer Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Young Carer Name: \_\_\_\_\_

I agree to follow the Instructions and Behaviour Policy of the activity provider and Crossroads Young Carers Cowal & Bute.

Young Carer Signature: \_\_\_\_\_

Date: \_\_\_\_\_