

Consent

Forms

Elysian Riding and Carriage Driving Consent

- We understand that working with horses and riding/carriage driving at any standard has a risk and that all horses may react unpredictably on occasions
- My child may fall off and be injured. I accept that risk.
- We understand that all instructions are given for safety reasons and that they need to be followed when given by staff whilst on site and/or under their supervision
- We understand that wearing a hat and body protector may reduce the severity of an injury should an accident happen and agree that my child will always wear a riding hat whilst riding and leading horses. Body protectors are mandatory whilst riding but optional when leading and grooming.
- We understand that Elysian will make decisions based on information I give them about my child's
 - Abilities and riding/carriage driving experience
 - Any previous riding/carriage driving accidents
 - Any medical conditions which may affect the ability to ride/carriage drive
 - Any changes to medical conditions and medications
- We understand that Elysian may refuse a request to ride or participate in any activity for safety or operational reasons

Please give us details of your child/young person's riding ability:

We give consent for to ride/carriage drive and partake in equestrian activities. We have read and understand the code of conduct and agree that these will be followed.

Parent/carer.....

Date

Information Sharing Consent Form

Name of Young Person:

I hereby give my permission for Elysian AAT CIC to share personal information with other service providers in connection with my care, including accessing and sharing my medical, and if applicable, mental health and police records. I agree to a referral being made to (add local supportive services), in order to support my needs. I understand that (the host organisations) may hold information gathered about me from the various agencies and as such my rights under the Data Protection Act will not be affected.

Statement of Consent:

- I understand that personal information is held about me.
- I have had the opportunity to discuss the implications of sharing or not sharing information about me.
- **I agree that personal information about me may be shared and gathered from the following agencies:**
 - NHS and other Health Services, including my GP practice
 - Early Intervention Service including the police
 - Adult Services
 - Mental Health Services
 - Education Support Services
 - Social Care
 - Voluntary Sector Organisations
 - Housing Providers

Are there any agencies you do not want us to share or gather additional information with? Please list them here:

I agree/do not agree to my information being shared and gathered between services (please delete as appropriate)

Your consent to share personal information is entirely voluntary and you may withdraw your consent at any time. Should you have any questions about this process, or wish to withdraw your consent please contact Jo Nunn at jo@Elysianuk.org

Name

Address

Post code Date of Birth

Signature

Date

Signature of parent/Carer

Print name

Consent for Activities involving Food at Elysian

From time to time, we undertake activities involving preparing and /or tasting food. Therefore, it is important that we know of any allergies or unsuitable foods for your Child/Young Person. Please complete the form below and return to the staff via your child or to a member of staff on the gate.

Name of Child/Young Person _____

Please tick the box to give consent for your child to take part in activities involving:

- Food Preparation
- Food Tasting

Please give details of any allergies, unsuitable foods or ingredients. If NONE, please state NONE.

I undertake to inform Elysian at once should any allergies or unsuitable foods be discovered during the year

Signature: _____ Date: _____
(Of adult with legal responsibility for the child)

Name _____

Relationship to child: _____

Consent for Elysian to use Seesaw for your young person

We use a learning app called **Seesaw**, to aid Staff in monitoring and recording the progress and learning of our young people. The app enables us to record notes, photos, videos, and voice notes for each Young Person on their own individual profile. At the end of each term, this can be printed out for Young People as a record and used by staff to track progress against key performance indicators for NCFE Functional Skills and the ASDAN programmes of study.

The information is password protected to an Elysian account and you can read more regarding the Seesaw Privacy Policy here: <https://web.seesaw.me>

If you are happy to allow us to create a profile and use this app for your child, please complete the permission slip below

I....., the parent/carer of

....., give/do not give permission to

Elysian Animal Assisted Therapy and Learning to use the computer App **“Seesaw”** to monitor and record the progress of the above young person.

Signed..... Date.....

Consent for short outings

As part of our curriculum, we occasionally make use of the community areas and public bridleways outside of Elysian. For example, riders may go for a hack in the local community, or learners may be invited to walk in the local area to follow directions.

Small outings like these have been fully risk assessed and discussions will take place with learners regarding strategies to manage anxiety and sensory needs prior to leaving site.

Any larger trips offsite involving public transport or staff vehicles will involve separate risk assessments and you will receive consent letters specific to these trips providing you with all the details.

Please indicate consent for your child to attend local outings on the permission form attached and return to the office via email or as a paper copy.

Kind regards,
The Elysian Teaching Team

I _____ [parent / carer] do / do not give permission for

_____ [child's name in block capitals] to attend small outings in the local area on foot or on horse.

Relationship to child: _____

Signature: _____

Date: _____

**Parental agreement for Elysian to administer medicine
or oversee self-administration**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| | |
|------------------------------------|--|
| Date for review to be initiated by | |
| Name of school/setting | Elysian Animal Assisted Therapy & Learning |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |

Medicine

| | |
|---|--|
| Name/type of medicine <i>(as described on the container)</i> | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |

**NB: Medicines must be in the original container as dispensed by the pharmacy
THE PHARMACY LABEL MUST BE ON THE PACKAGING & INSTRUCTIONS INCLUDED**

Contact Details

| | |
|-----------------------|--|
| Name | |
| Daytime telephone no. | |
| Relationship to child | |
| Address | |

| | |
|---|--------------------------|
| I understand that I must deliver the medicine personally to | [agreed member of staff] |
|---|--------------------------|

The information given is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

Student Healthcare Plan

Name of school/setting

Elysian Animal Assisted Therapy & Learning

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equip-

ment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (*state if different for off-site activities*)

Plan developed with: