|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Activities Risk Assessment and Consent Form | | | | |
| **General Information** | | | | |
| Child/YP’s Name: |  | | | |
| Date of Birth: |  | | | |
| Placement Status: |  | | | |
| Carer’s Name: |  | | | |
| Examples of risky activities:   * Horse riding * Climbing * Diving * Motor biking, * Quad biking | | * Gliding * Scuba diving * Bungee jumping * Canoeing * Caving | | Risk Levels:  **Low Risk** = 1  **Medium Risk** = 2  **High Risk** = 3 |
| **Activity Details:** | | | | |
| Nature of Activity: |  | | | **Risk Level:** |
| Frequency of Activity: |  | | | |
| What are the risks? | | | | |
| What actions/measures will be in place to reduce risk? | | | | |
| **By this form the individual is giving consent for the activity and agreement to the risk reduction/prevention measures:** | | | | |
| Child/Young Person (if applicable): | | | | |
| Signature: | | | Date: | |
| Birth Parent’s (if applicable)Name: | | | | |
| Signature: | | | Date: | |
| Foster Carer: | | | | |
| Signature: | | | Date: | |
| Child’s Social Worker’s Name: | | | | |
| Signature: | | | Date: | |
| Supervising Social Worker’s Name: | | | | |
| Signature: | | | Date: | |
| Local Authority Service Manager Name: | | | | |
| Signature: | | | Date: | |