oaktherapies
THERAPEUTIC CENTRE

Community Member Registration

Who is completing the form?

☐ I confirm I am over 18 years old. The information I have provided are my own personal details.

or

☐ I am the legal guardian *(parent/carer)* responsible for the community member and have completed this form on their behalf.

Community Member Information *– the individual receiving the therapy.*

First name:	
Surname:	
Known as:	
Gender & Pronouns:	
D.O.B:	
Address:	
Phone/Mobile number:	
Email address:	
Type of Therapy:	
Allergies:	
Doctor's name:	
Doctor's address:	
Names and roles of any other professionals involved (e.g. Paediatrician/ /Physiotherapist/OT/HV):	
If the community member is a child (under 18) please provide the following:	
School name:	
School address:	
School phone number:	
Key worker/Teacher:	
Other Information you feel is relevant:	

Legal Guardian Information *– Please provide details if you are completing this form on behalf of the community member.*

First name:	
Surname:	
Relationship with community member:	
Address:	
Phone number:	

Let's Be Kind Declaration

☐ By ticking this box, I promise to respect and treat the animals with love and kindness. I promise to listen and follow instructions from staff members when attending my therapy session(s). I understand that any offensive/violent language or behaviour towards staff members and the animals will not be tolerated and may result in my session(s) being cancelled without a refund.

Consent

I give consent for therapy to be provided at the following venues (*Please tick those that apply*):

☐Home ☐School ☐Nursery ☐Playgroup ☐Respite ☐Clinic ☐Hospital ☐Other

Please tick either Yes or No		Yes/Agree	No/Disagree
1	I understand the nature, purpose, risk, and benefit of the therapy.	☐	☐
2	I understand that I will be involved in the planning and delivery of my/the community member's therapy, and we will work together to achieve the agreed goals	☐	☐
3	I understand that I can withdraw consent at any time	☐	☐
4	I give permission for relevant information about my/the community member's needs to be passed on to the professionals involved in my/their care and understand that Oak Therapies uses electronic health records.	☐	☐
5	Oak Therapies work closely with other professionals, and I give permission for my/the community member's needs to be discussed with them.	☐	☐
6	I give consent for relevant students, under supervision, to be involved and understand that I will be informed when this occurs.	☐	☐
7	I give permission for myself/the community member to be photographed as part of my/their assessment or therapy.	☐	☐
8	I give permission for the photographic material to be used to provide illustrations for an activity or programme, for use by other professionals involved.	☐	☐
9	I give permission for the photographic material to be used as part of staff teaching.	☐	☐
10	I give permission for the photographic material to be used for the promotion of Oak Therapies.	☐	☐

Allergies

Please take a moment to inform us about any allergies or medical conditions that may require special attention during our therapy session, events, programmes, or activities. Your safety and well-being are our top priorities.

1. Do you/they have any known allergies?

Yes ☐ No ☐

If yes, please specify the allergies below:

Allergies: _____

2. Are you/they currently taking any medications for your allergies or other medical conditions?

Yes ☐ No ☐

If yes, please provide details:

Medications: _____

3. Have you/they ever experienced a severe allergic reaction (anaphylaxis)?

Yes ☐ No ☐

If yes, please describe the incident and the trigger:

Description: _____

4. Do you/they carry an EpiPen or any other emergency medication for allergies?

Yes ☐ No ☐

If yes, please provide details:

Emergency Medication: _____

5. Additional Comments or Information:

Please use this space to provide any other relevant information regarding your/their allergies:

Comments: _____

Allergy Disclaimer:

I hereby declare that the information provided above is accurate to the best of my knowledge. I understand the importance of disclosing any allergies or medical conditions that may impact my/their participation in the activities organised by Oak Therapies.

☐ By ticking this box, I have read and understood the allergy disclaimer.

Cancellations

If you need to cancel a session, please contact Caroline Parfitt on 07939500512 as soon as possible by text or phone call, Caroline Parfitt cannot guarantee to pick up emails outside office hours. No charge will normally be made in respect of sessions cancelled at least 24 hours in advance. However, if a community member repeatedly cancels sessions, even with notice, Oak Therapies reserves the right to charge the full session fee for all missed or cancelled appointments.

Please tick		**Yes/Agree**
1	I confirm I have read and understood the cancellation policy above.	☐
2	Services delivered face-to-face will be delivered at the time and place we have agreed. Sessions will end at the appointed time. If a community member arrives more than 20 minutes late, without making prior contact with us, this will be a non-refundable cancellation.	☐

Disclaimer

Oak Therapies is an outdoor therapeutic centre hosting a variety of animals. Please be aware that these animals can be unpredictable. Safety advice will be provided for any animal interaction, consideration must be with regard to your emotional regulation and well-being. It is your responsibility to inform a staff member if you do not feel safe around the animals.

☐ By ticking this box, I have read and understood the disclaimer.

Confirmation

I confirm the information I have provided is correct and true to the best of my knowledge.

SIGNED IN AGREEMENT:

Community Member/Legal Guardian of Community Member

Print name: _____ Signature: _____

Date: _____

Oak Therapies Cic

Print name: _____ Signature: _____

Date: _____