

### Holiday Program Consent Form

**Child/Ward's Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

|                     |                             |
|---------------------|-----------------------------|
| D.O.B: _____        | Phone: _____                |
| Medicare No.: _____ | Doctor Name & Number: _____ |

**Parent/Carer Details:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

|                          |             |               |
|--------------------------|-------------|---------------|
| <b>EMERGENCY CONTACT</b> | Name: _____ | Number: _____ |
|--------------------------|-------------|---------------|

**Activity Details:**

| Name of Activity: | Date/s: | Cost (\$) | Paid |
|-------------------|---------|-----------|------|
|                   |         |           |      |
|                   |         |           |      |
|                   |         |           |      |
|                   |         |           |      |
|                   |         |           |      |
|                   |         |           |      |
|                   |         |           |      |

**Parent/Carer:**

- I agree to my child's/ward's attendance at the above mentioned program.
- In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance/transport and medication while my child/ward is enrolled with the program.
- I understand that although the organisation tries to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.
- I accept all risks associated with the activity for my child/ward and release the organisation and its servants and agents from all claims, actions, suits, and demands from loss or injury to my child/ward arising from my participation in this activity.

My child/ward agrees and understands that:

- The activity will be supervised and he/she will follow any direction or advice affecting their safety given by staff/supervisors.
- He/she will be expected to conduct themselves in a safe and responsible manner for the duration of the activity and will exercise due care to ensure their personal safety and that of others.
- He/she is expected to adhere to the Gilgandra Youth Service code of conduct.

***I hereby consent and agree to the organisation using my child's/ward's photograph, video or film likeness for promotional or training purposes.***

***I hereby consent and agree to the organisation using my child/ward's personal information to be stored in the Data Exchange hosted by the Australian Government Department of Social Services (DSS).***

***I hereby consent and agree to participate in follow up research, surveys and evaluation regarding my child's participation in this activity/s.***

Please list all special requirements of your child/ward, please include any allergies and/or medication(s): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

This approval runs from the dates: \_\_\_\_\_ to \_\_\_\_\_

\_\_\_\_\_  
 Parent/Carers Signature

\_\_\_\_\_  
 Date

|                            |                             |                 |     |
|----------------------------|-----------------------------|-----------------|-----|
| <b>Responsible Officer</b> | Director Community Services |                 |     |
| <b>Date Created:</b>       | December 2019               | <b>Version:</b> | 1.0 |
| <b>Review Date</b>         | <b>Version</b>              | <b>Comments</b> |     |
| 07/09/2021                 | 1.2                         |                 |     |

**OFFICE USE ONLY**

Details accepted and understood: Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Entered in Redicase? Y / N Date: \_\_\_\_\_

Sent to records: Signed: \_\_\_\_\_ Date: \_\_\_\_\_