



# School Holiday Program Consent Form

I, \_\_\_\_\_ (Parent/Guardian name)

give permission for my child/children to attend and participate in the activities below (please circle).

## MOVIES TRIP / HOLLYBANK TREE TOP ADVENTURES / BRIXHIBITION

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_

### Emergency Contact:

Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

### Relevant Medical Details:

Does your child suffer from any of the following medical conditions?

Asthma     Diabetes     Epilepsy     Heart Condition     Allergies

Dietary restrictions     Other – Details including management plans:

\_\_\_\_\_  
\_\_\_\_\_

In the case of any incident involving my child, I hereby give staff permission to seek medical treatment for my child, and I agree to cover the full cost of any treatment needed.

Medicare No: \_\_\_\_\_ Special requirements: \_\_\_\_\_

### Behaviour

Does your child have any behavioural concerns that may impact on their ability to enjoy and participate in the program or may impact on other participant's enjoyment of the program (eg. Aggression, violence, poor social skills or inability to follow direction? Please specify:

\_\_\_\_\_

### Transport

I accept that part of the program may be conducted at venues outside of the Circular Head and Waratah-Wynyard area and give permission for my child to be transported to/from such venues. I have read, understood and agree to the conditions as stated.

### Additional information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Parent/guardian's consent/release

- I confirm that I am the parent/guardian of the person registered on this form.
- I give consent for my child to take part in the program, excursions and activities.
- I understand that although the Circular Head & Waratah-Wynyard Council and its service providers attempt to minimize 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 are inherent risks of personal injury involved in the Circular Head & Waratah-Wynyard Council school holiday program, and I agree that my child participates in activities at his/her own risk.
- I agree that neither the Circular Head & Waratah-Wynyard Council nor its officers or servants are liable for any damage or injury that may be incurred by my child attending school holiday programs or any of the activities in connection with the programs, including excursions or camps.
- I authorize staff in the event of any illness or accident to obtain on my behalf any medical assistance as my child person may require which may include injection, anaesthetics and/or blood transfusions. In case of emergency I agree for my child to be transported by Ambulance, Council motor vehicle or in extreme emergency worker private motor vehicle.
- In the event of my child behaving irresponsibly and/or not complying with safety rules, I agree to immediately collect my child from the program, excursion or camp or to reimburse Council for any costs involved in the return of my child from the program.
- I also agree to supply my child with all necessary medication (e.g. asthma puffer). I understand that my child will not be allowed to attend the excursion/activity unless all medication has been supplied.
- I understand that staff cannot administer medication to my child without my written consent.
- I understand and accept that it is my responsibility to advise Council staff of any changes to the information supplied (including medical).
- I consent to the Circular Head & Waratah-Wynyard Council using and endorsing the use of photographs/video footage of my child taken whilst participating in the Circular Head & Waratah-Wynyard Council school holiday program for publicity and promotional purposes. I am aware that photographs/video footage may be used in leaflets, brochures, newspapers and/or on the internet.

Parent/guardian signature: \_\_\_\_\_

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