

Confidential Participant Information – Watercolour Workshop with Jennifer Mills

Please fill out all sections below

Personal details

Participant's name:	
Participant's pronouns:	
Home address:	
Suburb:	Postcode:
Date of birth:	Age:
Parent/Guardian's name:	
Phone: (03)	Mobile:
Email address:	
Main language spoken at home:	

Emergency contact one details (please list different contacts to above)

Contact one:	Relationship:
Phone: (03)	Mobile:

Emergency contact two details (please list different contacts to above)

Contact two:	Relationship:
Phone: (03)	Mobile:

Medical details

Family doctor:	Phone: (03)
Medicare number:	Ambulance cover: Yes <input type="checkbox"/> No <input type="checkbox"/>
Health care card number:	
Private health care number:	
Does your young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:	
Does your young person have asthma? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list medication and identify action plan:	
Has a qualified practitioner diagnosed your young person with anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify action plan:	
Does your young person have any other relevant medical conditions eg: allergies, epilepsy, diabetes, heart condition, travel sickness, etc. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:	
Is there any further information that staff should be aware of including special dietary requirements, behavioural issues, social issues, religious/cultural considerations etc. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:	

Media consent

The City of Casey often takes photographs and video footage of young people to promote its programs in council publications, online mediums and in media releases.

I give permission for photographs and videos featuring my child to be used for the above purposes.

Parent/Guardian's name:

Signature of parent/guardian:

Date:

Parent/Guardian's consent

1. I give consent for my child to take part in the program and excursions. I have read and fully understand any information I have received regarding the program.
2. In the event of my child continually behaving inappropriately and/or not complying with behaviour guidelines, I agree to immediately collect my child from the program, or to reimburse Council for any costs involved in the return of my child from the program, either locally or interstate.
3. I understand that staff cannot administer medication to my child.
4. In case of an emergency, I understand that my child will be transported by ambulance or private motor vehicle to a hospital. If my child is transported by ambulance, I understand that I may incur a cost.
5. I agree that neither the City of Casey nor its officers or servants are liable for any damage or injury that may be incurred by and/or to my child attending programs or any of the activities in connection with the programs, including excursions or camps.
6. I am aware that the City of Casey will take no responsibility for stolen/misplaced valuables or personal belongings.

Parent/Guardian's name:

Signature of parent/guardian:

Date:

Privacy Statement

Your personal information will be handled in accordance with the *Privacy and Data Protection Act 2014* and used for the specified purpose. You can access your personal information by contacting Council's Privacy Officer on 9705 5200.

Contact City of Casey

03 9705 5200

NRS: 133 677 (for the deaf, hearing or speech impaired)

TIS: 131 450 (Translating and Interpreting Service)

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