Cardinia Shire Council –Youth Services

# Confidential participant information 2022

### Personal details

Gender: qM q F qOther

Participants full name: ………………………………………………………….……… Gender: qM q F qOther

Preferred name (optional): Birth date: ……. /……../…………….

Street: ………………………………………………………........ Suburb/town: ……….………………………. Postcode: ………………….

Participant mobile: Participant email: ………………………………….……………………………………

Identify as q Aboriginal q Torres Strait Islander q Both

Country of Birth:

Language spoken at home: ………………………….……………….……. Interpreter Required: q Yes q No

Accessibility considerations: (mobility, cultural considerations etc.) ……...............................................................................

Swimming ability: q Non-swimmer q Less than 25 metres q 25-50 metres q 50 metres plus

### Relevant medical details

Medicare Number: qqqq qqqqq q

Ambulance Cover: q Yes q No

**Does your child suffer from any medical or mental health conditions? 󠆙** q Yes q No

If yes, please specify (including details of medication and management plan) …………………………………………………………….

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Does your child suffer from any allergies or have special dietary requirements?** q Yes q No

If yes, please specify (including details of medication and management plan): ………………………………………………..............

…………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………….

**Is your child involved with any other Community Service Organisations:** q Yes q No

If yes, please specify: ……………………………………………………………………………………………………………………………………………….

Other information
Is there any other information you can provide that would assist Youth Services staff in supporting your child during programs/activities (e.g. difficulty making friends, fears etc): ……………………………………………………………………………………..

…………………………………………………………………………………………………………………………………………………………………………………

### Emergency contacts – NOT the primary parent /carer/guardian that is listed above

Please ensure somebody is able to be contacted when your child is at the program and has consented to be contacted.

1. Name: …………………………………………………… Landline: …………………………. Mob: ….…………………………………………………

2. Name: …………………………………………………... Landline: …………………………. Mob: ……………………………….…………………….

**If nobody will be collecting your child from the program/group/activity how will they get home?**

q Public transport q Walk q Other …………………………………………………………………………………………….

**Are there any restrictions on who collects your child from the program/ group/ activity?** q Yes q No

If yes, please provide details and actions required (e.g. court orders, contact Police immediately):

………………………………………………………………………………………………………………………………………………………………………………….

COVID-19 Parent/carer/guardian’s consent/release

* My child will not attend if they are displaying any symptoms of illness (fever, chills, sore throat, cough, runny nose, loss of sense of smell)
* You may take my child’s temperature before attending any sessions. If it is elevated (>38 degrees) you child will be unable to attend the session and will need to be collected immediately.
* My child is permitted to use alcohol-based hand sanitizer when in the building.
* My child will adhere to, the safe distancing precautions we have set up in the building - at all times.
* My child will always carry a mask on them and may be required to wear the mask where 1.5 distancing is unable to be maintained.
* If you are bringing your child, you will make sure that you follow all these sanitation and distancing protocols whilst in a council facility.
* If you or your child contracts COVID-19 or has come into close contact with a confirmed case of COVID-19 you will immediately advise Cardinia Shire Council and will not allow your child to attend when they have been advised to isolate.
* If your child contracts COVID-19 they will be required to provide evidence of a negative test for COVID-19 prior to being able to return to the program.
* I understand that Cardinia Shire Council has taken steps to reduce the risk of spreading COVID-19 within our workplaces and we operate under a COVIDSafe plan that is available on our public website.

**I have read, understood, and agreed to the conditions stated above. q Yes q No**

### Parent/carer/guardian’s consent/release

1. I/we give consent for my/our child to take part in the program, excursions, and activities. I have read and fully understand all the additional information I have received regarding the program.
2. I/we agree that neither the Cardinia Shire Council nor its officers or servants are liable for any damage or injury that may be incurred by my/our young person attending youth services programs or any of the activities in connection with the programs, including excursions or camps.
3. I/we authorise the staff in the event of any illness or accident to obtain on my/our behalf any such medical assistance as my/our young person may require which may include injection, anaesthetics and/or blood transfusions. In case of emergency I/we agree for my/our young person to be transported by Ambulance, Council motor vehicle or in extreme emergency worker private motor vehicle.
4. In the event of my/our young person behaving irresponsibly and/or not complying with safety rules, I/we agree to immediately collect my/our young person from the program, excursion or camp or to reimburse Council for any costs involved in the return of my / our young person from the program, either locally or interstate.
5. I/we also agree to supply my/our young person with all necessary medication (e.g. asthma puffer). I understand that my/our child will not be allowed to attend the excursion/activity unless all medication has been supplied.
6. I/we understand that staff cannot administer medication to my/our young person without my written consent.
7. I/we understand and accept that it is my/our responsibility to advise Council staff of any changes to the information supplied (including medical).
8. I/we authorise the school or other referring agency to provide relevant information regarding my child/realising the program is independent of the school and other referring agencies.

**I have read, understood, and agreed to the conditions stated above. q Yes q No**

### Media consent

I/we give consent for my/our young person to be photographed by a Cardinia Shire Council officer or representative from the media. By signing this section, I understand that my child will be photographed and that these photographs may be used in a range of media, including hard copy and electronic formats such as newspapers, magazines, photo exhibitions, Council publications, PowerPoint presentations and websites, including Facebook.

**I have read, understood, and agreed to the conditions stated above. q Yes q No**

### Transport

I/we accept that part of the program may be conducted at venues outside the designated centre and give permission for my/our child to be transported to/from such venues. **q Yes q No**

### Parent/Carer/Guardian:

Parent/Guardian name: …………………………………………………………………………………………………………

AH: ………………………………………. BH: ………………….……….………... MOB: ……………………………….

Email: …………………………………………………………….………………………………

Parent/Guardian to Signature: ……………………………………………………… Date: ………………………….

Participant’s Signature: ……………………………………………………………….… Date: ……………………...….