

CONSENT FORM FOR 2018 INSTRUMENTAL MUSIC (IM) BEGINNER BAND WORKSHOPS

PLEASE USE BLOCK LETTERS WHEN FILLING OUT THIS FORM

As a parent/guardian of:

STUDENT/CHILD'S NAME
INSTRUMENT

I:

PARENT/GUARDIAN NAME
EMAIL ADDRESS

give my consent for him/her to participate in:

NAME OF ENSEMBLE	BEGINNER BAND WORKSHOP
REASON FOR AND DESCRIPTION OF ACTIVITY	ENSEMBLE WORKSHOP AND CONCERT PARENTS ARE WELCOME TO ATTEND THE CONCERT

at/on:

LOCATION (Circle one)	WOODVILLE HS	GLENUNGA IHS	BRIGHTON SS	REYNELLA EC	MODBURY HS
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FROM: [] [] [] [] TO: [] [] [] [] OR ON: [] [] [] []

Has a current Health Care Plan been provided to IM? Yes No

If No, please provide an updated Health Care Plan to IM on completion of this form.

Details of planned activities, transport arrangements, anticipated number of students/children and supervising teachers/instructors are provided on the information sheets distributed.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts - Parent/Guardian

NAME			
ADDRESS			
HOME TELEPHONE	WORK TELEPHONE	ALTERNATIVE TELEPHONE	POSTCODE
Student Medic Alert Number (if applicable):			

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health care problems.

The DE CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at: <http://www.decd.sa.gov.au/files/documents/1/1/CampsandExcursionsGuide.pdf>

Consent Form – Child/Student

Permission to use image, video, voice, and/or creative work of students and children

The Department for Education develops teaching, learning and promotional materials and publishes them in print and digitally (eg on websites and social media accounts). Students also publish their own materials on websites (eg school website, department website, Scootle™, iTunes™ or other online environments).

By completing and returning this form, I grant permission for the Department for Education to create/use:

- photographs, video or audio recordings of my child
 - samples of my child's work
 - my child's first name and school/preschool/service name
- and to distribute them in the following locations:
- printed publications (eg newsletters, year book, promotional material)
 - secure intranet websites and publicly accessible websites, including social media accounts.

The permission will continue until I revoke permission in writing to the principal of the school, director of the preschool or manager of the service.

Any material placed on publicly accessible websites under a CC-BY-NC licence will be available to download and use. This licence is perpetual (forever), free, worldwide, non-exclusive and allows for the replication, distribution, display, performance and remixing of copyrighted work for non-commercial purposes, provided that the author is credited.

Notes

- Items might not appear in exactly the form in which they have been submitted and not every item for which permission is granted will be used.
- Items which contain images/references to Aboriginal and Torres Strait Islander people may be accompanied by warning text to indicate that the work may include people who have passed away.
- Where permission is revoked, every effort will be made to remove relevant media from distribution, however this may not be possible or practical in some situations.

Signatures

Additional optional permissions (tick if yes)

- I also grant permission for my child to be photographed/recorded by external media organisations for publication/broadcast.

Name of child/student: _____

(Full name - please print)

Name of school/service: _____

Parent/guardian's signatures: _____

(Parent/guardian to sign)

Full name of parent(s)/guardian(s): _____

(please print)

Date: _____

Please provide signatures of both parents and/or guardians where possible.

This form must be filed in a central location at the school



Medical information

for education, childcare and community support services

CONFIDENTIAL

To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual health and personal care support. Some condition-specific forms are also available.

This information is confidential and will be available only to supervising staff and emergency medical personnel.

IF THIS FORM IS NOT APPLICABLE TO YOUR CHILD – PLEASE COMPLETE THE NAME OF THE CHILD, MARK THE PAGE 'N/A' AND RETURN WITH APPLICATION

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicalAlert Number (if relevant) _____ Date for next review _____

Description of the condition

Observable signs and symptoms _____
 Frequency and severity _____
 Triggers (if applicable) _____

Possible impact on activities (eg physical activity, camps, excursions, kitchen, laboratory or workshop activities, interrupted attendance)

First Aid

If a child/student/client becomes ill or is injured, supervising staff will administer first aid and call an ambulance if necessary.
 If you anticipate this child/student/client will require anything other than a standard first aid response, please provide detailed written recommendations so special arrangements can be negotiated.

Additional information attached to this care plan

- Medication authority (if supervision of medication is recommended while in education or child/care)
- Individual first aid plan (if different to standard first aid—see model over page)
- General information about this person's condition
- Other (please specify) _____

This plan has been developed for the following services/ settings: *

- School/education
- Child/care
- Respite/accommodation
- Transport
- Outings/camps/holidays/aquatics
- Work
- Home
- Other (please specify) _____

AUTHORISATION AND RELEASE

Health professional _____ Professional role _____
 Address _____ Telephone _____
 Signature _____ Date _____

I have read, understood and agreed with this plan and any attachments indicated above.
 I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian or adult student/client _____ Signature _____ Date _____
Family name (please print) First name (please print)

Individual first aid plan

for education, child/care and community support services

CONFIDENTIAL

To be completed by the HEALTH PROFESSIONAL and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT for a child/student/client who requires individual first aid assistance.

Standard first aid plans (for a range of conditions) can be found on <http://www.decd.qld.gov.au/education/health/obsest/ahways/>. This information is confidential and will be available only to supervising staff and emergency medical personnel.

IF THIS FORM IS NOT APPLICABLE TO YOUR CHILD – PLEASE COMPLETE THE NAME OF THE CHILD, MARK THE PAGE 'N/A' AND RETURN WITH APPLICATION

Name of child/student/client _____ Date of birth _____
Family name (please print) First name (please print)

MedicalAlert Number (if relevant) _____ Date for next review _____

The child/student/client has a medical condition described as _____
 And will require the following first aid response when these symptoms/reactions are observed.

Observable sign/reaction

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

First aid response

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

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