

CONSENT FORM FOR BEACHFRONT HUB 2018

(To be completed in conjunction with medical information and activity information sheets)

PLEASE USE BLOCK LETTERS WHEN FILLING OUT THIS FORM

As a parent/guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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EMAIL	
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give my consent for him/her to participate in:

NAME OF ENSEMBLE	BEACHFRONT HUB
REASON FOR AND DESCRIPTION OF ACTIVITY	Regular Wednesday rehearsals: Brighton Secondary School, 8.00am to ???? Workshops, other rehearsals, performances, etc – a reply slip will be required regarding attendance.

at/on:

LOCATION	Brighton Secondary School
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FROM:

3	0	0	1	1	8
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 TO:

1	4	1	2	1	8
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 OR ON:

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

If No, please provide an updated Health Care Plan to the school/preschool 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 Instrumental Music staff. 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 IM 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	
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ADDRESS	
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	POSTCODE	
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HOME TELEPHONE		WORK TELEPHONE		ALTERNATIVE TELEPHONE	
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Student Medic Alert Number (If applicable):	
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*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 Instrumental Music (DECD) 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 IM teacher-in-charge if you wish to discuss any health care problems. The DECD CAMPS & EXCURSIONS GUIDELINES FOR SCHOOLS & PRESCHOOLS is available at:

<http://www.decd.sa.gov.au/docs/documents/1/CampsandExcursionsGuide.pdf>



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**

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

MedicAlert 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:

- | | |
|--|---|
| <input checked="" type="checkbox"/> School/education | <input checked="" type="checkbox"/> Outings/camps/holidays/aquatics |
| <input checked="" type="checkbox"/> Child/care | <input type="checkbox"/> Work |
| <input type="checkbox"/> Respite/accommodation | <input type="checkbox"/> Home |
| <input type="checkbox"/> Transport | <input type="checkbox"/> 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.sa.gov.au/speced2/pages/health/chessPathways/>

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**

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

MedicAlert 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	First aid response
_____ _____ _____	_____ _____ _____
_____	_____
_____	_____
_____	_____

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

<input checked="" type="checkbox"/> School/education	<input checked="" type="checkbox"/> Outings/camps/holidays/aquatics
<input checked="" type="checkbox"/> Child/care	<input type="checkbox"/> Work
<input type="checkbox"/> Respite/accommodation	Home <input type="checkbox"/>
<input type="checkbox"/> Transport	<input type="checkbox"/> 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)

Consent Form – Child/Student

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

The Department for Education and Child Development (DECD) 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, DECD website, Scootle™, iTunes™ or other online environments).

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

- photographs, video or audio recordings of my child
- samples of my child's work
- my child's first name and DECD 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 publically 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)

(Parent/guardian to sign)

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

(please print)

(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