

Name of Child:

Age of Child:

Activity: **Hub of Hope - Homebase Sessions**

Includes:

- Meeting every Monday during school term on parish grounds for reflections, discussions and volunteering work
- Having refreshments and snacks every session
- Guest speakers visiting from different organisations
- Fundraising events after Sunday Mass

Name of Parish: Our Lady of Dolours Catholic Church, Chatswood
.....
(the Organiser)

Date of
Event/Activity: Monday Afternoons 3:30-4:30pm
.....

I, parent/guardian of (my child)
(Name of parent / guardian) (Name of underage participant)
agree to the following:

1. PARENT/GUARDIAN CONSENT

- 1.1 I permit my child named above to participate in the activity described above, which I understand has been approved by, organised by, and will be run by the Organiser.
- 1.2 I permit my child to participate in all activities arranged as part of this activity.

2. CONDITIONS OF PARTICIPATION

- 2.1 If my child brings or consumes drugs, alcohol or cigarettes, bullies other participants, uses offensive language directed towards other participants, or otherwise exhibits behaviour that seriously endangers themselves or others at or during the Activity or any related activities described above, and I am contacted by the Organiser, I will remove my child from the premises.

3. CONSENT TO PROVISION OF MEDICAL ATTENTION FOR MY CHILD

- 3.1 In the event that the Organiser, by their servants or agents, is unable to contact me or it is otherwise impracticable to contact me in the event of my child is involved in an accident, or suffers injury or illness, the Organiser, by their servants or agents:
- (a) may administer first aid to my child as deemed necessary;
 - (b) may seek medical or dental advice on behalf of my child;
 - (c) if, in the opinion of an attending medical or dental practitioner or medical officer (health practitioner) my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), I allow that health practitioner to give such attention or treatment; and
 - (d) may arrange for transportation, including Ambulance transportation, as is deemed necessary.
- 3.2 The consent given at paragraph 3 is valid at all times while my child is in the custody of the Organiser while participating in the Activity or related activities described above.
- 3.3 I accept liability for all reasonable costs incurred by the Organiser in obtaining medical assistance or treatment (including transportation costs) and undertake to reimburse the Organiser the full amount of the costs incurred.
- 3.4 I have identified any and all food allergies or medical conditions relevant to my child in Section E below, 'Confidential Medical Disclosure'.
- 3.5 If my child requires an EpiPen, it will be supplied to the Organiser before my child's participation in the event and I consent to its use in circumstances identified by the Organiser as required.
- 3.6 If my child requires specialist care, I will arrange for a qualified person to accompany my child during their participation in the activity or related activities described above.

4. LIABILITY WAIVER

- 4.1 I waive any claims against, and release and hold harmless and indemnify the Organiser, its servants and agents, from and against all actions, costs, claims, charges, expenses, penalties, demands, damages, liability and causes of action whatsoever arising out of or relating to any loss, damage or injury sustained in connection with or arising out of my child's participation in the activity or related activities described above.
- 4.2 As the parent/guardian, I confirm that I have read and understand Sections A, B, C and D above prior to signing below.

Signature: Date

(Parent / guardian)

Name:

(Parent / guardian)

5. **CONFIDENTIAL MEDICAL DISCLOSURE** The information previously supplied may help in the event of an accident/illness. Please contact organiser if medical details have been updated since last consent form. Failure to do so will severely limit the care

that the Organiser can provide should the need arise. All information that you supply is held in confidence by the Organiser and is only collected and used in the case of any medical treatment required or medical emergency involving your child. Where practicable, we destroy the information collected under Section E after it has served its purpose. Please see the Catholic Diocese of Broken Bay's Privacy Policy available on the website at www.bbcatholic.org.au.

Name of Child:

Date of birth:

Blood type:

Emergency Contact Numbers:

(in case we need to contact you please fill out the box below)

Mother (Print Name)	Father (Print Name)	Guardian (Print Name)
Home Ph:	Home Ph:	Home Ph:
Mobile:	Mobile:	Mobile:
Work Ph:	Work Ph:	Work Ph:

Doctor's Name:	
Doctor's Ph:	
Doctor's Address:	

- 5.2 Does the child have private health cover: Yes / No (please circle answer)
- 5.3 Medicare Number:
- 5.4 Does the child have ambulance cover: Yes / No
- 5.5 Does the child wear contact lenses? Yes / No

5.6 Is the child currently taking any form of medication? Yes / No

5.7 Does the child need to take any form of medication during the activities: Yes / No

If yes, please complete details below:

Medication	Dosage	Frequency	Medical purpose

5.8 This medication is to be kept on myself / my child / nominated staff member (please circle answer)

5.9 Is the child capable of administering his or her own medication Yes / No

5.10 Does your child suffer from any disability? Yes / No

If yes, please specify:

5.11 Does your child suffer from any allergies? Yes / No

If yes, please specify:

5.12 Does your child require an Epipen? Yes / No

If yes, you must ensure that the Epipen is supplied to the Organiser before commencement of your child's participation in the event.

5.13 Does your child have any special dietary requirements? Yes / No

If yes, please specify:

5.14 Please specify any other disabilities, allergies or conditions that require special care during the activity or related activities.

5.15 I understand that the information I provide in Section E of this Form will be handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy and the Privacy Act 1998.

Signature: Date
(Parent / guardian)

Name:
(Parent / guardian)

6. CONSENT TO PHOTOGRAPHY/RECORDINGS

I AGREE / DO NOT AGREE (please circle one) to the following:

- (a) My child may be filmed and photographed; My child's name and age (Personal
- (b) Information) as well as the audio and visual recordings of my child (Recordings) may be reproduced and communicated by or on behalf of the Organiser in connection with the promotion and reporting of the Activity, the Organiser, the Catholic Diocese of Broken Bay (the Diocese) and the broader Catholic community in any media; all intellectual property rights, including copyright, in
- (c) the Recordings are owned by the Organiser (or its representatives) and any intellectual property rights that I/my child may have in the Recordings are fully assigned to the Organiser; I/my child will not
- (d) seek to assert or enforce any moral rights (including rights to be named or credited) or performers' rights that might otherwise exist in connection with my child's performance or the Recordings; the Organiser reserves the right to not
- (e) use the Recordings; and the Organiser may collect my/my child's Personal Information
- (f) to organise and promote the Activity and disclose that information to its authorised nominees for that same purpose. Personal Information is collected in accordance with the Catholic Diocese of Broken Bay's Privacy Policy available on the website at www.bbcatholic.org.au and the Privacy Policy provides information about how to ~~access and seek correction~~ of personal information, how to complain about a breach of Australian privacy laws, and how complaints are dealt with.

Signature: Date
(Parent / guardian)

Name:
(Parent / guardian)

RELATED POLICY

Privacy Policy

RELATED GUIDELINES/MATERIALS

Guidelines - Consent to film or photograph a child

Flowchart - Consent to film and photograph a child

Form – Consent to film and photograph a child (general)

Form – Consent to film and photograph a child (events)

FORM REVIEW

Review of this Form, related guidelines and resources will be undertaken every three years by the General Counsel – Governance and Legal and approved by the Diocesan Financial Administrator.

REVISION/ MODIFICATION HISTORY

Date	Version	Current Title	Summary of Changes	Approval Date	Commence-ment Date
Apr 2018	1.	Parent-Guardian Participation Consent Form	New	May 2018	May 2018
16/08/18	2.	Parent-Guardian Participation Consent Form	Reviewed and updated	Aug 2018	Aug 2018
29/11/23	3.	Parent-Guardian Participation Consent Form	Reviewed and updated	Nov 2023	Nov 2023

APPROVAL DATE/REVISION SCHEDULE

Approved by: Emma McDonald, Diocesan Financial Administrator

Date: 29 November 2023

To be revised: 29 November 2026