



**ADMINISTRATIVE USE ONLY**

EDUCATION PROGRAM: \_\_\_\_\_ PHOTO PERMISSION  INTERNET PERMISSION

HIGHLIGHT THE RELEVANT ALERTS FOR THIS CHILD:

**CUSTODY CONSIDERATIONS      ANAPHYLAXIS      ASTHMA      EPILEPSY**

SIGNIFICANT MEDICAL INFORMATION:

OTHER INFORMATION:

**Our Child Safety Commitment**

St Vincent de Paul Society (the Society) is committed to the safety and wellbeing of all children and young people. Our members, volunteers and employees understand that child safety is everyone's responsibility and is at the centre of all that we do and every decision we make. We have zero tolerance for child abuse or neglect. We are committed to providing a child safe environment where children and young people are safe and feel safe, and their voices are heard about decisions that affect them. This includes but is not limited to the cultural safety of Aboriginal & Torres Strait Islander children, children from diverse cultural, linguistic, and/or religious backgrounds, children who identify as lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA), and children with a disability. Whilst all Society programs and activities may not involve regular contact with children by members, volunteers and employees, it is the decision of the Society State Council that all Society programs and activities will be subject to the Child Safety Policy.

**CHILD**

Full Name:		
Preferred Name (what can we call you...):	Gender:	
Date of Birth:	Age:	Grade:
Name/s of siblings also attending this Education Program:		

**PARENTS/GUARDIANS**

<b>Parent/Guardian 1</b>	<b>Parent/Guardian 2</b>
Full Name:	Full Name:
Gender:	Gender:
Address:	Address:
Phone 1:	Phone 1:
Email address:	Email address:
Does the child live with:	
Parent/Guardian 1 <input type="checkbox"/>	Parent/Guardian 2 <input type="checkbox"/> Parent/Guardian 1 & 2 <input type="checkbox"/>

**EMERGENCY CONTACTS** (who should be contacted in the event that the parent/guardian cannot be contacted)

<b>Emergency Contact 1</b> Full Name:	<b>Emergency Contact 2</b> Full Name:
Gender:	Gender:
Relationship to Child:	Relationship to Child:
Address:	Address:
Daytime Phone:	Daytime Phone:
Mobile Phone:	Mobile Phone:

**FAMILY ARRANGEMENT ORDERS**

Are there any Court Orders regarding custody and access arrangements for this child? **YES**  **NO**

If yes, provide details:

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**PICK UP INFORMATION**

Who will be picking up your child? Name/Names: \_\_\_\_\_

Does your child have permission to walk/ride home? **YES**  **NO**

**MEDICAL INFORMATION**

Name of Doctor or Medical Centre:	
Address:	Phone:

Medicare number: \_\_\_\_\_

Does your child have private health insurance? **YES**  **NO**

Does your child have ambulance cover? **YES**  **NO**

## MEDICAL CONDITIONS

It is for the safety of your child that we ask you to fill in this form accurately and completely. Please tick if relevant and provide details. Attach a separate management plan where necessary.

CONDITION	YES	NO	DESCRIPTION
ADD/ADHD	YES	NO	
Allergies e.g., band aids, penicillin, food, medication	YES	NO	<b>PROVIDE MANAGEMENT PLAN WITH THIS FORM</b>
Anaphylaxis	YES	NO	<b>PROVIDE MANAGEMENT PLAN WITH THIS FORM</b>
Anxiety Disorder	YES	NO	
Asthma	YES	NO	<b>PROVIDE MANAGEMENT PLAN WITH THIS FORM</b>
Autism Spectrum Disorder	YES	NO	
Blackouts/Dizzy Spells	YES	NO	
Diabetes	YES	NO	
Epilepsy / Fits	YES	NO	<b>PROVIDE MANAGEMENT PLAN WITH THIS FORM</b>
Hay Fever	YES	NO	
Heart Condition	YES	NO	
Migraines	YES	NO	
Recent Operations	YES	NO	
Sensitivity to Sunburn	YES	NO	
Travel Sickness	YES	NO	

## DIETARY REQUIREMENTS

Does your child have any special dietary needs? (Religious or medical – not preferences) **YES**  **NO**

(If yes, please specify) \_\_\_\_\_

**\_CULTURAL BACKGROUND**

Do you identify as an Aboriginal or Torres Strait Islander?

**YES**  **NO**  (If yes, please specify): \_\_\_\_\_

Are you from a CALD (Culturally and Linguistically Diverse) background?

**YES**  **NO**

Does your child speak English as a first language? **YES**  **NO**

Does your family speak English as a first language? **YES**  **NO**

Does your family identify as new migrants, refugees or asylum seekers? **YES**  **NO**

What is your family's country of origin? \_\_\_\_\_

What language do you usually speak at home? \_\_\_\_\_

**CHILD CODE OF CONDUCT**

I agree to the following Child Code of Conduct:

- I will listen to the coordinator's or volunteer's instructions and follow their directions
- I will tell the coordinator or volunteers if I feel unsafe or worried about anything or anyone at any time
- I will treat everyone with respect and kindness
- I will not seek to make unnecessary physical contact with anyone such as cuddling or hand holding
- I will not use rude, offensive or unkind language when talking to others
- I will not bully, tease, put down, or hurt others
- I will not bring any valuable items or illegal substances to the education program
- I will not leave the education program unless with my parent/caregiver
- I will not act in a way that would damage or destroy another person's property
- While I have access to ICT:
  - ✓ I will always follow the Program Coordinator's or volunteer's instructions.
  - ✓ I will use ITC for educational purposes. Access to ICT is only provided to search for information about schoolwork.
  - ✓ I will not look for anything that is illegal, dangerous or offensive. If I accidentally come across something that is illegal, dangerous, offensive, or that upsets me in any way, I will:
    - **STOP** what I am doing.
    - **BLOCK** or clear it from my screen.
    - **TELL** the Program Coordinator or volunteer immediately.
  - ✓ I will not reveal my own personal details or anyone else's (including names, addresses or phone numbers).
  - ✓ I will not use the ICT to annoy or offend anyone else.
  - ✓ I will not use the Program's ICT equipment (including laptops and iPads) to send or receive personal emails or any other online messages.

I understand that if the Program Coordinator decides I have broken these rules my parent/caregiver may be contacted and I may be asked to go home. I understand the Child Code of Conduct and agree to abide by the Code when participating in the Society's Education Programs.

Child's Name: \_\_\_\_\_

Child's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY**

Your personal information will be kept confidential and can be viewed by you. Your personal information will not be released to external parties in any manner which will identify you, without your permission. The Society is committed to protecting the personal information that we collect, use and disclose. The Society will take reasonable steps to protect the personal, sensitive and health information the Society stores from misuse, interference and loss, and from unauthorised access, modification or disclosure. *Note: The State President or nominated representative of the St Vincent de Paul Society approves all marketing and fundraising material. The Privacy Statement can be viewed by contacting us or if you have any other queries, please contact the St Vincent de Paul Society Marketing & Fundraising Department on 9895 5800.*

**CONSENT**

I hereby authorise the St Vincent de Paul Society Victoria Inc., 43 Prospect Street, Box Hill Vic 3128, to use images/recordings of my child taken in photographic, electronic and/or video format. I further understand that the images/recordings will be used to promote the Society, State and National promotional materials for marketing and fundraising purposes through social media and intranet and internet sites, including the national website.

YES  NO

I hereby authorise third parties, which could include media, sponsors or other affiliated organisations, to use images/recordings of my child taken in photographic, electronic and/or video format for a period of three years. I further understand that the images/recordings will be used to promote the Society.

YES  NO

I hereby authorise my child’s name to appear next to any photographs or videos taken for these purposes.

FIRST NAME ONLY  YES  NO

**PARENTS/GUARDIANS DECLARATION:**

- I consent to my son/daughter/dependent attending the Society Education Program.
- I give permission for my child to use the ICT while at Education Program. I understand that the Internet can provide students with valuable learning experiences. I accept that every effort will be made to ensure supervision for students using the Internet.
- I understand that valuable items (including cash) are not to be brought to the Education Program and if they are, the Society will not be liable for any loss, damage or theft of a prohibited item.
- I acknowledge receipt of the Child Code of Conduct and understand that in the event of a serious breach of the Child Code of Conduct by my child, I may be asked to collect my child from the Education Program at my own cost.
- I declare my child is in good health and shall advise you immediately if he/she contracts any ailment or condition likely to be detrimental to their health or the health of any other person participating in the Education Program.
- I consent to the Society or its representatives (members, volunteers or staff) to arrange and authorise the medical, hospital or other treatment for my child, in circumstances that a parent/guardian cannot be reached, and that I understand that I will be responsible for any medical expenses incurred to care for my child.
- I have read and understand the Society Privacy Statement and I know that I can access my personal information upon request.

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_