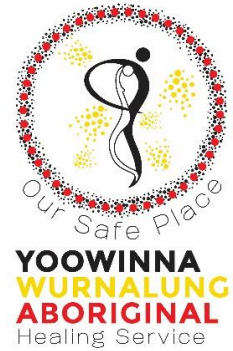


# HIP HOP 2024 SEPT-OCT WORKSHOPS CONSENT FORM

Call 0341102100 or 0499449408 for any queries

Location: Bairnsdale



Yoowinna Wurnalung Aboriginal Healing Service (YWAHS) invites Aboriginal & Torres Strait Islander children and young people aged 5 years- 25 years to 5 days of songwriting and dance workshops in Bairnsdale on Monday 30 September- Friday 4 October. A concert will also be held (details to be advised ASAP). Children aged under 7 years need to have a supervising adult with them to attend

## Indigenous Hip Hop Workshops

NAMES:	AGE
Child name:	
Child name:	
Name of person to contact in an emergency (from the parent/guardian):	
Contact Number	
Any medical or additional needs? <b>Y/N</b>	What are these?
Please tick if your child suffers any of the following: <input type="checkbox"/> Asthma (if ticked please provide Asthma Management Plan) <input type="checkbox"/> Allergies: _____ <input type="checkbox"/> Travel sickness (if going on bus) <input type="checkbox"/> Other: If you ticked any above, please advise of management plan: _____	

YWAHS will use this information if your child is involved in a medical emergency. All information is held in confidence

### Photo and video consent

YWAHS would like to use photographs and/or video images of you taken during Activities to promote the program and have the option to use the photos for reporting purposes. Please note that the hip hop video will be made available online

**I wish/ do not wish to have my child photo and video taken:**

**please circle** \_\_\_\_\_ **YES**    **NO**

Parent/Carer Name:

\_\_\_\_\_

Signed: \_\_\_\_\_



Child/s Name: \_\_\_\_\_

Address: \_\_\_\_\_

I \_\_\_\_\_ (parent / carer name) give

permission for my child to attend the Indigenous Hip Hop School Holiday Program from Monday 30 September- Friday 4 October 2024. In the event of any accident or illness, I authorise the person in charge to obtain on my behalf, such medical assistance that my child may require and accept that I will cover any costs associated.

**I agree that my child/ren will undertake a Rapid Antigen Test (RAT) before attending:**

**YES/NO (please circle)**

**Note all participants must do a RAT before attending**

In the event of my child behaving in a manner deemed as being a safety risk to others, I accept responsibility for removing or arranging to remove child from Bairnsdale location or the Bus after notification by the person-in-charge.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **(Parent/Guardian)**