



ADMINISTRATIVE USE ONLY			
EDUCATION PROGRAM: _____		PHOTO PERMISSION <input type="checkbox"/>	INTERNET PERMISSION <input type="checkbox"/>
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 Victoria (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.

Participant

Full Name:	
Preferred Name:	Gender:
Date of Birth:	Age: Grade:
Name/s of siblings also attending this Education Program:	
Name of school	

PARENTS/GUARDIANS

Parent/Guardian 1	Parent/Guardian 2
Full Name:	Full Name:
Gender:	Gender:
Address:	Address:

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	PROVIDE MANAGEMENT PLAN WITH THIS FORM
Anaphylaxis	YES	NO	PROVIDE MANAGEMENT PLAN WITH THIS FORM
Anxiety Disorder	YES	NO	
Asthma	YES	NO	PROVIDE MANAGEMENT PLAN WITH THIS FORM
Autism Spectrum Disorder	YES	NO	
Blackouts/Dizzy Spells	YES	NO	
Diabetes	YES	NO	
Epilepsy / Fits	YES	NO	PROVIDE MANAGEMENT PLAN WITH THIS FORM
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) _____

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: _____