

Confidential Participant Information

Please fill out all sections below and use one form per young person.

Personal details

Participant's name:	
Home address:	
Suburb:	Postcode:
Date of birth:	Age:
Male <input type="checkbox"/> Female <input type="checkbox"/>	
Parent/Guardian's name:	
Phone: (03)	Mobile:
Email address:	
Main language spoken at home:	

Emergency contact one details (please list different contacts to above)

Contact one:	Relationship:
Phone: (03)	Mobile:

Emergency contact two details (please list different contacts to above)

Contact two:	Relationship:
Phone: (03)	Mobile:

Medical details

Family doctor:	Phone: (03)
Medicare number:	Ambulance cover: Yes <input type="checkbox"/> No <input type="checkbox"/>
Health care card number:	
Private health care number:	
Does your young person have a disability? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:	
Does your young person have asthma? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list medication and identify action plan:	
Has a qualified practitioner diagnosed your young person with anaphylaxis? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please identify action plan:	
Does your young person have any other relevant medical conditions eg: allergies, epilepsy, diabetes, heart condition, travel sickness, etc. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please list:	
Please tick swimming ability that best describes your young person: Non-swimmer <input type="checkbox"/> Less than 25 m <input type="checkbox"/> 25-50 m <input type="checkbox"/> 50-200 m <input type="checkbox"/> 200 m+ <input type="checkbox"/> Please note: supervising staff are not qualified life guards therefore all water related activities are conducted with certified professional guides.	
Is there any further information that staff should be aware of including special dietary requirements, behavioural issues, social issues, religious/cultural considerations etc. Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please specify:	

Media consent

<p>The City of Casey often takes photographs and video footage of young people to promote its programs in council publications, online mediums and in media releases.</p> <p>I give permission for photographs and videos featuring my child to be used for the above purposes.</p>
Parent/Guardian's name:

Signature of parent/guardian:	Date:
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Mailing list consent

The City of Casey has a mailing list data base of young people to promote its programs and activities through post, text and email.

I give permission for my child's details to be used for the above purposes.

Parent/Guardian's name:

Signature of parent/guardian:	Date:
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Parent/Guardian's consent

1. I give consent for my child to take part in the program, excursions and camps. I have read and fully understand any information I have received regarding the program.
2. I accept that part of the program may be conducted at venues outside the designated center and give permission for my child to be transported to/from such venues.
3. I accept that there will be no refund of excursion/camp fees or special activities unless a medical certificate is presented or the program is cancelled.
4. In the event of my child continually behaving inappropriately and/or not complying with behaviour guidelines, I agree to immediately collect my child from the program, excursion or camp or to reimburse Council for any costs involved in the return of my child from the program, either locally or interstate.
5. I understand that staff cannot administer medication to my child.
6. In case of an emergency, I understand that my child will be transported by ambulance or private motor vehicle to a hospital. If my child is transported by ambulance, I understand that I may incur a cost.
7. I agree that neither the City of Casey nor its officers or servants are liable for any damage or injury that may be incurred by and/or to my child attending youth services programs or any of the activities in connection with the programs, including excursions or camps.
8. I am aware that the City of Casey will take no responsibility for stolen/misplaced valuables or personal belongings

Parent/Guardian's name:

Signature of parent/guardian:

Date:

Privacy Statement

City of Casey is committed to protecting your privacy. Your personal information will be handled in accordance with the Privacy and Data Protection Act 2014. All personal information collected by the City of Casey will only be used for the purposes outlined within our Privacy Policy. Council's Privacy Policy is available from our website www.casey.vic.gov.au/council/your-council/privacy and all Council Customer Service Centres. For further Information about how Council manages and uses your personal information or how you can access and/or amend your personal information please contact Council's Privacy Officers via our website www.casey.vic.gov.au/council/contact/feedback-form or by calling on 9705 5200.

Contact City of Casey

03 9705 5200

NRS: 133 677 (for the deaf, hearing or speech impaired)

TIS: 131 450 (Translating and Interpreting Service)

caseycc@casey.vic.gov.au

casey.vic.gov.au

 [facebook.com/CityOfCasey](https://www.facebook.com/CityOfCasey)

 [@CityOfCasey](https://twitter.com/CityOfCasey)

PO Box 1000
Narre Warren VIC 3805

Customer Service Centres

Cranbourne

Cranbourne Park Shopping Centre

Narre Warren

Magid Drive

Narre Warren South

Amberly Park Shopping Centre