

CATHOLIC DIOCESE OF BROKEN BAY

PARENT/GUARDIAN PARTICIPATION CONSENT FORM

BROKEN BAY DIOCESE PILGRIMAGE TO WORLD YOUTH DAY LISBON



**CATHOLIC
DIOCESE OF
BROKEN BAY**

21 July to 12 August 2023 Travelling to Italy and Portugal

Name of Child:

School:

D.O.B of child:

Child's current phone:

Child's phone while travelling:

I parent/guardian of (my child)
(Name of parent/guardian) (Name of underage participant)

Agree to the following:

A. PARENT/GUARDIAN CONSENT

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 organisers.
2. I permit my child to participate in all activities arranged as part of this activity.

B. CONDITIONS OF PARTICIPATION

3. That if my child should bring or consume drugs, alcohol, cigarettes, or e-cigarettes, bully other participants, use offensive language directed towards other participants, or otherwise exhibit behaviour that seriously endangers themselves or others at or during any activity or related activities described above, and I am contacted by the Organisers accordingly, arrangements may be made for my child to return home at my expense.

C. CONSENT TO PROVISION OF MEDICAL ATTENTION FOR MY CHILD

4. 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 being involved in an accident, injury or illness, the Organiser, by their servants or agents:
 - (a) may administer first aid to my child as is deemed necessary;
 - (b) may seek such medical or dental advice on behalf of my child as seen fit;
 - (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.
- 5. That the consent which I have given in **paragraph 3** is valid at all times while my child is in the custody of the Organisers while participating in the activity or related activities described above.
- 6. That I accept liability for all reasonable costs incurred by the Organisers in obtaining such medical assistance or treatment (including transportation costs) and undertake to reimburse the Organisers the full amount of those costs if incurred.
- 7. That I have identified any and all food allergies or medical conditions relevant to my child in **Section E** below, '**Confidential Medical Disclosure**'.
- 8. That if my child requires an EpiPen, they must carry an EpiPen with them at all times and I consent to its use in circumstances identified by the Organisers as requiring its administration.
- 9. That if my child requires any specialist care, I will inform the Broken Bay WYD Coordinators prior to travel so they can arrange for a qualified person to accompany them during their participation in the activity or related activities described above.

D. LIABILITY WAIVER

- 10. That I waive any claims against, and release and hold harmless and indemnify the Organisers, 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.
- 11. 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)

E. CONFIDENTIAL MEDICAL DISCLOSURE

12. The following information may help in the event of an accident/illness. Please complete this part of the form as accurately as possible. Failure to do so will severely limit the care that the Organisers can provide should the need arise. All information that you supply is held in confidence by the Organisers and is 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** of this form 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, whereby the information provided in this form is collected and handled in accordance with the Catholic Diocese of Broken Bay's Privacy Policy.

Name of Child:

Date of birth:

Blood type:

Emergency Contact Numbers:

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

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

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

13. Do you have private health cover : **Yes / No** (please circle answer)
14. Have you received a Tetanus vaccination within the last 10 years? **Yes / No**
15. Is your child up to date with necessary immunisation schedule? **Yes / No**
16. With supervision, is your child able to self-test with a rapid antigen test (RAT) if they exhibit COVID-19 symptoms? **Yes / No**
17. Medicare Number: _____
18. Do you have ambulance cover: **Yes / No**
19. Does the child wear contact lenses? **Yes / No**
20. Is the child currently taking any form of medication? **Yes / No**

If yes, please complete details below:

Medication	Dosage	Frequency	Medical purpose

21. This medication is to be kept on **my child / nominated staff member** (please circle answer)

22. Is the child capable of administering his or her own medication? **Yes / No**

23. Does your child have any **mental health** concerns (diagnosed or non-specific eg anxiety, depression, ADHD, ASD)? **Yes / No**

If yes, please specify:

24. If you answered yes to question 23 – is your child under the care of a treating medical specialist eg psychologist, counsellor, paediatrician? **Yes / No**

If yes, please attach a current treatment plan.

25. Does your child suffer from any **disability**? **Yes / No**

If yes, please specify:

26. Does your child suffer from any **allergies**? **Yes / No**

If yes, please specify:

Please attach a current treatment plan if applicable.

27. Does your child require an Epipen? Yes / No

If yes, please attach a current treatment plan.

28. Does your child suffer from **asthma**? Yes / No

If yes, please attach a current treatment plan.

29. Does your child suffer from **diabetes**? Yes / No

If yes, please attach a current treatment plan.

30. Please specify any other disabilities, allergies or conditions that may require special care while away.

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

If yes, please specify:

32. My child's swimming ability is (please check one)

Strong - 50 m unaided Average - 25 m unaided Poor - 10 m unaided Non-swimmer

33. 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)

F. CONSENT TO PHOTOGRAPHY/RECORDINGS

I _____ (parent/guardian), in exchange for my Child,

_____’s participation in the activity or related activities, agree to

the following:

- (a) my Child may be filmed and photographed when attending events or activities conducted by the Diocese of Broken Bay or in connection with the WYD Pilgrimage to Italy and Portugal;
- (b) my Child’s name and age 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 Event, the Organiser, the Catholic Diocese of Broken Bay (**the Diocese**) and the broader Catholic community in any media;
- (c) all intellectual property rights, including copyright, in 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;
- (d) I/my Child will not 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;
- (e) the Organiser reserves the right to not use the Recordings; and
- (f) the Organiser may collect my/my Child’s personal information to organise and promote the Event 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)