



## Consent for Goulburn Youth Services School Holiday Program Summer 2021

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			(parent/guardian)	hereby	give
permission for					
to participate in the Goulburn					
Tuesday 12th January to Thur				Council's	Youth
Services staff. I understand that p	articipation	is undertaken a	at their own risk.		
Due to current COVID-19 restricti	ione we can	accent a limited r	number of particina	nts each (	day
Youth Services staff will strictly f					•
Please contact staff if you have any			councils COVID	1) Barety	ı ıaıı.
rease contact starr it you have uny	questions	or concorns.			
I give permission for my child to	o participat	e in the following	g activities (please	circle):	
Tuesday 12 <sup>th</sup> January	- Cl	nainmail Art		YES	NO
a caracter y					
Wednesday 13 <sup>th</sup> January	- M	ovie Day		YES	NO
	3.6			*****	
Thursday 14 <sup>th</sup> January	- M	urder Mystery P	arty	YES	NO
Friday 15 <sup>th</sup> January	- Pc	ol Day		YES	NO
Triang to varioury	10	01 2 4 3		125	110
Monday 18 <sup>th</sup> January	- Ju	st Dance Compe	etition	YES	NO
To do the To the	-	. 5 1		*****	
Tuesday 19 <sup>th</sup> January*	- Ba	refoot Bowls		YES	NO
Wednesday 20 <sup>th</sup> January	- A1	t Gallery Visit		YES	NO
vvedilesday 20 Sandary	7 11	t Gunery Visit		1 LS	110
Thursday 21st January	- Ja	mberoo Action I	Park (Water Park)	YES	NO
			,		
*Pick up and drop off at the Gou				s will sta	rt and
finish at the Goulburn Communi	ny Cemre a	ii 155 Audurn S	l.		
There are no costs involved in any	v of the proc	grams It is all cov	varad by Goulburn	Mulwara	a
Council's Youth Services.	y oj ine prog	rams. It is all cov	erea by Goulourn	win ware	5

## I give permission for my child to receive medical treatment in case of emergency $\Box Y$ $\square N$ I hold ambulance cover? $\Box Y$ $\square N$ Details of ambulance cover: My child has the following medical conditions (list conditions such as diabetes, epilepsy, asthma or allergies): ..... Note: If your child has an Emergency Action Plan, a copy MUST be provided. My child is currently taking the following medications (list all medications): ..... My child has the following dietary requirements: Parent/Guardian - Emergency Contact Details: First Emergency Contact: First Name: Last Name: Mobile Phone: Land Line: \_\_\_\_\_ Address: Second Emergency Contact: Last Name: First Name: Mobile Phone: Land Line: Address: **Photo and Media Permission:** I give permission for photographs and videos of my child to be taken for advertisement,

**Medical details:** 

promotion and social media purposes

Please indicate your child's swimming ability by ticking the box that best describes their ability:
<b>Beginner</b> – can swim 25m-50m independently □
<b>Intermediate</b> − can swim 50m-100m independently □
<b>Confident</b> – can swim 100-200m independently □
Permission Slip:
By signing this document, I indemnify Goulburn Mulwaree Council, the Youth Services Coordinator and other Council Youth Services staff from all liability, claims or actions directly or indirectly arising from these activities.
Furthermore, I understand that should my child leave the premises of the activity, or act against the direction of Council staff, Goulburn Mulwaree Council will not be liable for any accidents or injuries incurred.
Signature of Parent/Guardian Date
Please return completed consent forms to the Goulburn Community Centre at 155 Auburn Sor email copy to <a href="mailto:caitlin.muddiman@goulburn.nsw.gov.au">caitlin.muddiman@goulburn.nsw.gov.au</a>
Please also note that Council staff reserve the right to disallow your child's attendance at any of the excursions if they fail to follow directions and rules.
<b>Note:</b> Council collects personal information only for a lawful purpose that is directly related to Council's functions and activities. For further information please contact Council's Privacy Officer or refer to Council's Privacy Management Policy at www.goulburn.nsw.gov
If you have any questions or enquiries please contact;  Luke Wallace - Youth Services Coordinator on (02) 4823 4838 or 0498 005 669, or  Caitlin Muddiman - Youth Services Officer on (02) 4823 4826 or 0466 240 735

## **Song Requests (Optional)**

Caitlin is making a playlist of epic proportions to soundtrack the holidays! Please list a maximum of 10 songs to add to the playlist. Please ensure that all songs are appropriate.

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