



Berrigan Shire Youth Event Committee Registration / Guardian Consent

Name.....

Date of Birth.....

Address.....

Phone Number:.....

Emergency
Contact:.....

Please tick if you suffer any of the following

- | | | | | | | | |
|--------------|--|------------------|--|-----------------|--|----------|--|
| Asthma | | Blackouts | | Diabetes | | Migraine | |
| Dizzy Spells | | Fits | | Heart Condition | | | |
| Other | | Hyperventilation | | | | | |

Allergies to

- | | | |
|-------------------|--|-----------|
| Penicillin | | Any Foods |
| Other Drugs | | |
| Other (Sunscreen) | | |

What special care is recommended

Tablets and Medication All personal medication will be the responsibility of guardians

Confidential Medical Information and Consent

Berrigan Shire Council gives assurance that any personal information including medical details gathered by us, or provided by you, will remain confidential and only used for the purposes for which it was collected in line with the *Personal Information and Privacy Protection Act 1998* and the Council's Privacy Management Plan.

Berrigan Shire Council requests personal information (including medical information) from you for its Youth Event Committee activity.

We collect this information for our administration and for your health and safety. We will not disclose your personal information to others without your consent unless it is necessary for

the administration of the Youth Week Committee activity, or for your health and safety (eg in order to gain medical attention). The information will be stored securely.

You can apply to access any information we hold about you – Berrigan Shire Council:
Director of Corporate Services 03 5888 5100.

If you choose not to provide the information requested in this form you may not be able to attend the activity.

I **consent** to providing the personal information, including sensitive information, requested by Berrigan Shire Council.

Where a Council personnel supervising the activity is unable to contact or communicate with me, I authorise the Berrigan Shire Council personnel to:

- Take my child to a doctor or hospital and or to call an ambulance if necessary for this purpose. I will be responsible for all associated costs
- Consent to my child receiving such medical attention as may be deemed necessary by a medical practitioner
- Administer such First Aid as the Supervisor may judge to be reasonably necessary
- Disclose medical information about my child in order to obtain medical treatment

Name

(Guardian).....

Block Letters

Child's Name:.....

Address.....

Telephone.....

Signature **Date**.....