

# Youth Boredom Busters

## Holiday Program Permissions



Date: \_\_\_\_\_

Child/ren Name: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_ Age: \_\_\_\_\_

Contact Number \_\_\_\_\_

Allergy / Medical Conditions: Yes ☐ No ☐ (if ticked yes, please fill out form on reverse)

Permission for Photos: Yes ☐ No ☐

Activity (\$5.00 per day. Request for exemption must be made in writing)	Child 1	Child 2	Child 3
January 8 – Film Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 9 – Film Challenge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 15 – Ice Skating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 16 – First Aid Information Session	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 17 – Hastings Caves & Pool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
January 31 – Photography	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Once a booking has been made, fees are applicable.**

Parent / Guardian Contact Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

To be collected from drop off / pick up point ☐

Make their own way from drop off / pick up point ☐

**Please note:-** Children under the age of 16 will not be left unattended at drop off or pick up points unless advised by parent / guardian.

I \_\_\_\_\_ (Parent / Guardian name) give my permission for the abovementioned child/ren to take part in the Huon Valley Council's Youth Boredom Busters programs undertaken by the Youth Services Department and to contact me as well as seek medical attention in the case of an emergency, illness or injury to my child / ren and I agree to cover any costs incurred.

Parent's Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_



## Acknowledgement of use of image (adult and minor)

I, the undersigned person, hereby acknowledge:

1. The photographs and other images described below ("the images") have been taken for the Huon Valley Council
2. The Images will be deposited by the Huon Valley Council in its "Image Library."
3. The Images will be used by or for Huon Valley Council Agencies:
  - a) in print publications, on the world wide web, and for promotional purposes: and
  - b) for purposes related to the activities, programs and services of the Huon Valley Council.
4. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Huon Valley Council.

.....  
Signature of Model

.....  
Signature of Parent or Guardian

.....  
Print Name

.....  
Print Name

.....  
Address

.....  
Address

.....  
Contact number

.....  
Contact number

(Note: If Model is over the age of 18, the signature of the Parent or Guardian is not required)

.....  
Date

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### **OFFICE USE ONLY**

#### **DETAILS – THE IMAGE/S (to be completed by photographer)**

Electronic image / file names or numbers: .....

Date taken: .....

Location taken: .....

Names of models appearing in image (left to right): .....

Description of Image / photo shoot: .....

Name of photographer: .....



## Allergy, Intolerance and Special Diet Record

1. Reason for special diet:
- |                       |                          |
|-----------------------|--------------------------|
| Religious             | <input type="checkbox"/> |
| Allergy & Intolerance | <input type="checkbox"/> |
| Health                | <input type="checkbox"/> |
| Other                 | <input type="checkbox"/> |

2. What are the foods and substances that your child must avoid?

3. What are the symptoms of your child's allergy or intolerance? How quickly do the symptoms appear?

4. Is your child at risk of a life threatening reaction? ☐ Yes ☐ No

**If yes**, we require a copy of the medical management plan provided by the treating specialist and / or dietician? If you do not have a medical management plan we recommend that you request one.

**If no**, what first aid must be administered if your child comes in contact with the substance or food?

5. What are the alternative foods that your child can consume?  
(e.g. eggs, dairy, nuts, tofu, beans instead of meat for vegetarian diets)

6. What are the foods / drinks that your child must avoid?

Office Use: Date received: \_\_\_\_/\_\_\_\_/\_\_\_\_ \$5.00 Per Activity Paid: ☐ Yes ☐ No Total Amount Paid \$\_\_\_\_\_

The personal information requested on this form is being collected by the Council for the purposes of Youth Services programs and will be used for those primary purposes. The intended recipients of the information are Council Officers and State and Commonwealth Government Departments. Council may disclose the information to law enforcement agencies, courts and other organisations authorised to collect it.

Failure to provide this information may result in your application for care not being able to be processed or the service not being able to be provided. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and you may make application for access or amendment to your information in writing to the General Manager, PO Box 210, Huonville 7109. You may be charged a fee for this service.