

Anchor Youth

Enduring Permission Form 2017

To be completed for all youth under 18 years



Family Details

Parent/Caregiver 1:

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Parent/Caregiver 2 (only include details that differ from above):

Name:	Home Phone:
Email:	Mobile:
Home Address:	

Emergency Contact (alternative to parent/caregiver)

Name:	Home Phone:
Relationship to child:	Mobile:

Privacy Declaration

- I/we give permission for the personal details given herein to appropriate HEAC leaders &/or relevant supervisory/medical/emergency services personal as deemed necessary.
- I understand the details given herein will be used by HEAC leaders to contact myself &/or my child/ren & that the details will not be given to any third party except as provided for above.

Authorisations & Expectations

- By completing this form, I/we hereby give permission for my child/ren to attend all scheduled HEAC activities, unless I/we explicitly advise the HEAC leadership otherwise.
- In doing so I/we undertake to provide the HEAC leaders with any information relevant to the wellbeing of my child/ren prior to them attending any & all scheduled HEAC activities.
- I/we understand that every effort will be made to provide a safe environment for my/our child/ren to participate in. However in signing this form I/we authorise the leaders, in the event of an emergency, to obtain at my/our expense, any medical, ambulance, rescue or other services considered necessary.
- I/we acknowledge that in the course of HEAC activities appropriate photos or videos may be taken of my/our child/ren by authorized personnel and may be used for an internal audience **and/or posted for an external audience (i.e. EAC Youth/Anchor Youth Facebook and Instagram accounts, HEAC Website)**, unless I/we explicitly advise the HEAC leadership team otherwise (see form below: 'Child – Personal Details').
- I/we also acknowledge that being part of a community involves mutual care & consideration & therefore agree that unacceptable behavior may result in my/our child/ren being sent home &/or being temporarily or permanently prohibited from attending this group.
- I confirm that the information provided in this form is true and correct, and will advise HEAC of any subsequent changes or additions.

Signature of Parent/Caregiver

Print full name:	
Sign:	Date:

Child 1 – Personal Details



Name:	M/F:	DOB:
School:	Year:	
Email:	Mobile:	
Medicare Number:	Position on card:	

We will keep these details on file so we do not have to ask for them prior to each event, unless you request otherwise. Please advise HEAC as soon as practical of any changes to this information.

Authorisations

Do you give permission for you child to make their own way to or from Anchor Youth events? Yes No

Do you give permission for your child to take paracetamol if required? Yes No

Do you give permission for your child’s photo/video to be taken at Anchor Youth events and displayed for an internal audience? Yes No

Do you give permission for your child’s photo/video to be taken at Anchor Youth events and displayed on EACYouth Facebook, Anchor Youth Instagram, or HEAC Website? Yes No

Medical

Does you child have any medical conditions that we should know about? No
 Prescription medication Chronic illness Severe allergies Other

Dietary Issues

Does your child have any special dietary need that we should know about? No
 Food allergies (e.g. nuts) Other

Care Needs

Does your child have any care or custody need that we should know about? No
 Subject to a custody order Behavioural issues Psychiatric care Other

If you have ticked any boxes above please provide details:

Child 2 – Personal Details



Name:	M/F:	DOB:
School:	Year:	
Email:	Mobile:	
Medicare Number:	Position on card:	

We will keep these details on file so we do not have to ask for them prior to each event, unless you request otherwise. Please advise HEAC as soon as practical of any changes to this information.

Authorisations

Do you give permission for you child to make their own way to or from Anchor Youth events? Yes No

Do you give permission for your child to take paracetamol if required? Yes No

Do you give permission for your child’s photo/video to be taken at Anchor Youth events and displayed for an internal audience? Yes No

Do you give permission for your child’s photo/video to be taken at Anchor Youth events and displayed on EACYouth Facebook, Anchor Youth Instagram, or HEAC Website? Yes No

Medical

Does you child have any medical conditions that we should know about? No
 Prescription medication Chronic illness Severe allergies Other

Dietary Issues

Does your child have any special dietary need that we should know about? No
 Food allergies (e.g. nuts) Other

Care Needs

Does your child have any care or custody need that we should know about? No
 Subject to a custody order Behavioural issues Psychiatric care Other

If you have ticked any boxes above please provide details:

Child 3 – Personal Details



Name:	M/F:	DOB:
School:	Year:	
Email:	Mobile:	
Medicare Number:	Position on card:	

We will keep these details on file so we do not have to ask for them prior to each event, unless you request otherwise. Please advise HEAC as soon as practical of any changes to this information.

Authorisations

Do you give permission for you child to make their own way to or from Anchor Youth events?
 Yes No

Do you give permission for your child to take paracetamol if required? Yes No

Do you give permission for your child’s photo/video to be taken at Anchor Youth events and displayed for an internal audience? Yes No

Do you give permission for your child’s photo/video to be taken at Anchor Youth events and displayed on EACYouth Facebook, Anchor Youth Instagram, or HEAC Website?
 Yes No

Medical

Does you child have any medical conditions that we should know about? No
 Prescription medication Chronic illness Severe allergies Other

Dietary Issues

Does your child have any special dietary need that we should know about? No
 Food allergies (e.g. nuts) Other

Care Needs

Does your child have any care or custody need that we should know about? No
 Subject to a custody order Behavioural issues Psychiatric care Other

If you have ticked any boxes above please provide details:
