

# HEALTH, SAFETY & WELLBEING PARTICIPATION DECLARATION | 2018



Carclew prioritises the health, safety and wellbeing of children. Please inform Carclew if the workshop participant has a medical condition, any behavioural management needs, allergies, access needs or is subject to a court order. This information will remain confidential. Participants, parents or guardians with medical and/or access needs will be supported wherever possible provided advance notice of at least one week is given.

*Separate forms are to be completed if medical or access needs are different for each child.*

*This form will be valid for all Carclew workshops undertaken in 2018. If your child/s needs change, you are required to contact Carclew and complete a new declaration.*

**Workshop Participant Full Name** \_\_\_\_\_

**Workshop Participant Date of Birth** \_\_\_\_\_

**Parent/Guardian Full Name** \_\_\_\_\_

**Parent/Guardian Phone Number** \_\_\_\_\_

**Parent/Guardian Email Address** \_\_\_\_\_

## **AUTHORISED EMERGENCY CONTACTS**

Please nominate two emergency authorised contacts over the age of 18 years. Authorised contacts will be contacted, in order as listed below, in an emergency. These contacts have permission to access and amend information relating to the participant; collect the participant from a workshop; and may be contacted if the above Parent/Guardian is uncontactable.

### **Authorised Emergency Contact 1**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Telephone: \_\_\_\_\_

### **Authorised Emergency Contact 2**

Name: \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

Telephone: \_\_\_\_\_

## **Arrivals and Departures**

Parents/guardians must sign their child/children in and out of each workshop. The workshop coordinator must be informed if someone else is collecting your child/children. Alternative collection arrangements must be confirmed prior to sign out.

## **Photography and Filming Release**

Participants may be photographed or filmed during the course of the workshops. These images may be used in whole or in part for, but not limited to Carclew marketing and promotional materials and for documentation purposes. Images may be used on printed collateral or for electronic and online content eg social media, Carclew website. The dignity and integrity of the individuals will be maintained at all times and names disclosed only with parent/guardian permission.

## **Relevant History Screening**

It is Carclew's Policy that all staff, contractors, volunteers and residents who are working with children to obtain a relevant history screening. *For further information please refer to Carclew's Employment Clearance for Working with Children Policy.*

## **First Aid**

All Carclew projects have access to a person with current First Aid Training when Children are onsite.

## MEDICAL INFORMATION

**Does your child have any medical needs?**      **YES / NO**    If no, please go to next section.

Is your child taking any medication that needs to be administered or supervised by Carclew staff?	<b>YES / NO</b>	If YES, please attach an Action Plan for administering medication
Does your child have any allergies?	<b>YES / NO</b>	If YES, please attach an allergy Action Plan
Has your child been diagnosed as at risk of anaphylaxis?	<b>YES / NO</b>	If YES, please attach an anaphylaxis Action Plan
Does your child have asthma?	<b>YES / NO</b>	If YES, please attach an asthma Action Plan
Does your child have any other health, wellbeing or access requirements we should know about?	<b>YES / NO</b>	If YES, please specify

**NOTE:** If your child shows any signs of being unwell, you will be contacted and expected to collect your child.

## ACCESS NEEDS – WORKSHOP PARTICIPANT

**Does your child require access support?**      **YES / NO**    If no, please go to next section.  
If yes, please specify:

Please identify which languages your child speaks, other than English. This includes Auslan.			
Preferred written language format (please delete those not required)	Standard	Large print	Audio    Braille
Is your child Deaf or a child with a disability?	<b>YES / NO</b>	If YES, please specify	
Does your child require communication support? (please delete those not required)	Auslan    Makaton    Translator    Other		
Does your child require wheelchair access or have a mobility impairment that would restrict the use of stairs?	<b>YES / NO</b>	If YES, please specify	
Does your child require an orientation of the venue?	<b>YES / NO</b>	If YES, please specify	



## DECLARATION

Please indicate YES or NO and provide further information as required.

I \_\_\_\_\_ authorise Carclew staff to:

Notify the specified Authorised Emergency Contact/s of any accident, injury, trauma or illness involving my child. **YES / NO**

In an emergency, obtain medical assistance for my child, including ambulance or hospital. I agree to pay all associated costs incurred. **YES / NO**

In the event of a *non-urgent* accident, injury or illness involving my child, and when the specified parent/guardian or Authorised Emergency Contacts are not available, drive my child to the nearest medical facility, if staff consider it necessary. **YES / NO**

Administer medical treatment to my child including Action Plans provided. **YES / NO**

Photograph or film my child for the purpose of documentation, marketing and promotion. I understand that the images may be used on but not limited to, printed collateral and/or electronic and online content. **YES / NO**

### **Court Order / Child Protection / Parenting Plan (relating to this participant)**

Are there any current Court-sanctioned orders relating to this participant? **YES / NO**

*If yes, please provide relevant information and the date of when the Full Court order was issued.*

This declaration will be held on file for a maximum of 12 months and will be effective across all Carclew programs. If any access requirements change during this period, it is the responsibility of the parent/guardian to notify Carclew.

Signed \_\_\_\_\_

Please note that where this declaration is submitted via email, the email is sufficient as a signature

Date \_\_\_\_\_

### **TO RETURN THIS FORM**

Bring the completed form with you on the day of workshop, or

Email [explorearts@carclew.org.au](mailto:explorearts@carclew.org.au) Fax (08) 8239 0689

Post Carclew, 11 Jeffcott Street, North Adelaide SA 5006