

I give permission for my son/daughter, to participate in the "Cooking For One" program being held at Dimboola Memorial Secondary College – Hospitality Centre on 2<sup>nd</sup>, 9<sup>th</sup>, 16<sup>th</sup>, 23<sup>rd</sup>, 30<sup>th</sup> August 2017, under the supervision of Wimmera Health Care Group & Hindmarsh Shire Council staff, & various special guest speakers.

I understand that my son/daughter is to be on their best behaviour, and that I will be contacted to pick up my son/daughter, should their behaviour or actions render that necessary.

**Youth Participant Information**

Participant Name \_\_\_\_\_

Participant Address \_\_\_\_\_

Date Of Birth \_\_\_\_\_ School Attended / Year \_\_\_\_\_

**Travel Information**My child requires transport from this event by the Hindmarsh Shire's Youth Bus.  YES  NO

Returning to (insert location) \_\_\_\_\_

**Medical Information** (Please tick if your child is living with any of the following health conditions)

- Asthma (please supply current Asthma Management Plan)  
 Anaphylaxis (please supply current Anaphylaxis Management Plan)  
 Blackouts  Diabetes  Dizzy spells  Migraine  Allergies (Please List in other/care)  
 Heart condition  Sleepwalking  Travel sickness  Fits/seizures of any type  
 Other: \_\_\_\_\_

Name of Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Address of family doctor \_\_\_\_\_

Medicare Number \_\_\_\_\_

Ambulance Cover Number \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Is your child taking any medications?  YES  NO

If yes, please provide the name of the medication, dose, and describe when and how it is to be taken.  
\_\_\_\_\_

I authorise the Event Organisers to undertake all appropriate actions necessary in the event that my child requires medical attention.     YES     NO

Parent signature \_\_\_\_\_ Date \_\_\_\_\_

**Please initial next to one of the following statements:**

Wimmera Health Care Group & Hindmarsh Shire Council has my consent to use my child's photo on publications including but not limited to the organizations webpage, newsletter, and/or social networking pages.

Wimmera Health Care Group & Hindmarsh Shire Council may **NOT** use my child's photo in any publications

Youth Name..... Youth Signature..... Date.....

Parent Name..... Parent Signature..... Date.....

***For further information and to book please contact:***

***Nicole Miller***

***Community Health Nurse***

***Wimmera Health Care Group***

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