

Personal & Confidential

Youth Services Excursion Form

Young Persons Details (for more information about the program, please contact Youth Services on 8734 1355)

TITLE(Mr, Mrs, Ms, Miss)	SURNAME/FAMILY NAME	GIVEN NAME	MIDDLE NAME	PREFERRED NAME
ADDRESS				
EMAIL				
AGE		Date of Birth ____/____/____		
Gender (optional)				
MOBILE NUMBER				

Excursion Details (for more information about the excursion, please contact Youth Services at your location).

Staff Name	Phone Number	Site
Program Name		
Excursion:		
Excursion Address		
Date:		
Drop Off Time and Location		
Pick Up Time and Location		
Mode of Transport		
Excursion Fee		

Participants Medical Information

Doctor's details	Name
	Address
	Phone Number
Ambulance Member Number (if applicable)	

Does the participant have any medical conditions, allergies or take any medication YES NO

If YES, please provide details below. A Medical/Health Information and Action Plan Form **must** also be completed.

Parent/guardian details (where participant is aged under 18)

TITLE(Mr, Mrs, Ms, Miss)	SURNAME/FAMILY NAME	GIVEN NAME	MIDDLE NAME	PREFERRED NAME
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RELATIONSHIP TO PARTICIPANT

ADDRESS

EMAIL

PHONE NUMBER

Emergency contact on the day of excursion (complete if different to parent/guardian details above)

TITLE(Mr, Mrs, Ms, Miss)	SURNAME/FAMILY NAME	GIVEN NAME	MIDDLE NAME	PREFERRED NAME
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RELATIONSHIP TO PARTICIPANT

PHONE NUMBER

Pick up arrangements (where participant is aged under 18)

Is the participant allowed to leave the excursion alone? YES NO

If NO, who is authorised to collect the participant from the excursion (in addition to the parent/guardian stated above)?

TITLE(Mr, Mrs, Ms, Miss)	SURNAME/FAMILY NAME	GIVEN NAME	MIDDLE NAME	PREFERRED NAME
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PHONE NUMBER

RELATIONSHIP TO PARTICIPANT

Legal arrangements

Are there any care arrangements or court orders in place relating to the participant? YES NO

If YES, please provide details and attach any relevant documentation.

Consent, acknowledgements and agreements

1. I consent to the participant attending the excursion.
2. In the event of misbehaviour or behaviour that poses a danger to the participant or others during the excursion, I acknowledge that the participant may be sent home at my expense and that I will be notified about this.
3. If the participant becomes ill or suffers an injury during the program and I cannot be contacted, I consent to the participant receiving first aid and emergency medical treatment (including transport to a hospital by ambulance) as may be deemed necessary by Council.
4. Excursions are part of program delivery and will operate under normal supervision and program guidelines and may involve walking or being transported by Council vehicle inside and outside of the Municipality.
5. I acknowledge and agree that if the participant is not picked up at the pick-up time specified, I will be charged a late pick up fee at a rate of \$5.00 per 5 minutes until such time as the participant is picked up.
6. I acknowledge and agree that any personal items brought to the excursion by the participant are the responsibility of the participant and that Council takes no responsibility for any personal items which are lost or stolen.
7. I acknowledge and agree that the participant attends the excursion at their own risk and I agree to indemnify Council, its Councillors, staff, volunteers, contractors and agents from and against any claims, losses, demands, damages, penalties and costs (including legal costs) arising from the participants attendance at the excursion.
8. I acknowledge and agree that Council reserves the right to cancel or alter the excursion.
9. I agree to notify Council in writing of any changes to the information I have provided in this form or the participant's ability to attend the excursion as soon as is practical. I acknowledge and agree that where the participant withdraws from the excursion within 24 hours of the drop off time, unless a medical certificate is provided, the excursion fee will be forfeited.
- 10. I agree that the emergency contact has been notified and has consented to their personal information being provided.**
11. Where I have provided parental/guardian consent, I confirm that I am the parent or legal guardian of the participant named above.

Young Person Over 18	Young Person Under 18 – Parent/Guardian Signature
Signed:	Signed:
Print Name:	Print Name:
Date: _____/_____/_____	Date: _____/_____/_____

Find out more!

If you are interested in learning about the services offered by Youth Services, visit our website at www.wyndham.vic.gov.au/services/youth-services, call us on 8734 1355 or visit us at the Youth Resource Centre (86 Derrimut Road, Hoppers Crossing).

Privacy Collection, Use and Disclosure Statement

Your personal and health information is being collected by Council for the purposes of you consenting to your or (your child's) attendance at Youth Services Recreation Programs, Personal Development Programs and Committees:

- To consent to the use and disclosure of information to Council Staff involved in the Programs;
- To ensure young people are supported during specific program and general service delivery;
- Ensure parents/grandparents/guardians/workers or emergency contacts can be easily contacted if required;
- Assist Youth Services with strategic program and service planning, delivery and evaluation.
- Create an opportunity to provide you with promotional material about the services and programs

Your information will be stored in Council's Customer Database and used to identify you when communicating with Council and for Council to deliver services and information to you.

The information you provide shall remain private within Council unless disclosure is permitted by law, or consented to by you. You may apply for access and/or amendment of the information by writing to the Council's Privacy Officer.

For further information on how your personal and health information will be handled, refer to Council's Privacy Policy at:

www.wyndham.vic.gov.au/privacy-policy

It is assumed that all emergency contacts listed have been notified and have given permission for their details to be provided. Youth Services staff shall enter this information into a database for data collection.

Young Person Over 18	Young Person Under 18 – Parent/Guardian Signature
Signed:	Signed:
Print Name:	Print Name:
Date: ____/____/____	Date: ____/____/____

Office use only

NAR <input type="checkbox"/>	CRM <input type="checkbox"/>	Scanned <input type="checkbox"/>	Filed in CRM <input type="checkbox"/>	Objective <input type="checkbox"/>
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