**Yarra Youth Services Excursion Form**

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| --- | --- |
| Name of young person: |  |
| Your relationship to the young person: |  |
| D.O.B: |  |
| Address: |  |
| Emergency contact person: |  |
| Phone number: |  |

**EXCURSION DECLARATION**

The Yarra Youth Services School Holiday Program involves physical activity and transport by walking and hired coach. Participants will be supervised by Youth Services Staff.

* I/we being the parent(s)/guardian(s) of the young person listed above allow the young person to be involved with all aspects of the School Holiday Program including supervised excursions
* I agree for my young person to adhere to rules and expectations of the program.
* I authorise staff, in the event of an accident or illness, to obtain all necessary medical assistance and treatment and agree to meet all expenses incurred.
* I declare that information I have provided on this form is correct to the best of my knowledge.
* Yarra City Council or its employees shall not be liable for any injury, loss of damage suffered by any young person participating in School Holiday Program excursions.

**DISCLAIMER**

I\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby consent to myself/my young person as a result of an injury, loss or any damage to any type whatsoever, sustained or suffered by my child or arising out of any activities associated with the program, my or my young person have a claim, a right or cause of action against the Mayor, Councillors and Citizens of the City of Yarra I declare:

PROVIDED ALWAYS that this declaration does not preclude the exercising of any statutory rights which may exist and which cannot be modified or excluded by this or any other contract, that:

1. I shall not pursue, prosecute, sue for or otherwise proceed with any such right, claim or cause of action on behalf of my young person; and
2. I shall indemnify and keep indemnified Yarra and any of its agents or employees against any claim, demand, action, suit or proceeding which may be made or bought by or on behalf of my young person against Yarra or any employee or agent of Yarra
3. If a child of mine suffers or sustains any injury or illness in the cause of or arising out of my young person’s participation in the Program, I authorise any employee or agent of Yarra to administer or cause to be administered such medical measures as he or she may deem necessary or convenient (including the administration of anaesthetics, EpiPen); and
4. I shall indemnify and keep indemnified Yarra and any of its employees or agents against any cost or expense incurred by Yarra arising out of or in any way related to the administration of medical measures referred to in this clause.

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

**MEDICAL INFORMATION**

Please consider your young person’s participation carefully and provide accurate medical information.

Is your young person taking any medication? Please describe \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Any additional needs, impairments and or disabilities Please circle? Yes No

If yes, may Yarra Youth Services contact you prior to the excursion to discuss providing access and inclusion? Yes No

Please include relevant medications, medical plan and permission for staff to administer the young person’s own medication if required:

Asthma

Diabetes

Epilepsy

Allergies (stings, medications, substances?)

Other (please specify)

Do you have any dietary requirements?

Vegetarian Vegan  Halal  Gluten free  Other

Is there anything you would like us to know to ensure that Yarra Youth Services is a happy, safe and healthy place for you? This could be any special needs, conditions, illnesses, support needs, mental health concerns, cultural or religious preferences?