

Active After-school Communities Parent\Guardian Consent Form

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| Child/Children's Name(s) | |
| School\OSHC Name | Linden Park OSHC |
| | I Give Permission for my child/ren to take part in the Active after school program through out the year |

1. As the parent or legal guardian of the child named above (**my child**), I give my permission for my child to participate in the Active After-school Communities program (**AASC program**) activities specified above, to be conducted by the School\OSHC named above.
2. I give my permission to the supervisors of the activities appointed by the School\OSHC to implement the School\OSHC code of conduct and/or take other reasonable measures to ensure the successful conduct of the activities and safety and well-being of the activity participants.
3. In the event of any injury or illness to my child, I authorise the supervisors to apply or arrange first aid and to arrange examination by a registered medical practitioner and, if contact with me is impracticable or impossible, to arrange whatever medical treatment the registered medical practitioner considers necessary at that time. I will pay all medical expenses incurred on behalf of my child.
4. I have provided all information necessary for the supervisors to plan safe participation by my child in the activities, including, if relevant, details of any activities that my child should not participate in or that should be modified for my child due to medical or other reasons.
5. I agree to release the School\OSHC from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property, in connection with the activities, except to the extent that the liability arises as a result of the negligence of the School\OSHC.
6. I have attached a health management plan for any declared medical conditions eg. Asthma, Diabetes, anaphylaxis etc..
7. I agree to release the Australian Sports Commission (**ASC**) from any liability to my child or myself in relation to any injury or illness that my child may suffer, and for loss or damage to property, in connection with the activities, except to the extent that liability arises as a result of the negligence of the ASC.
8. I acknowledge and agree that the School\OSHC collects personal information for the purposes of conducting the activities, and that the School\OSHC may provide this personal information to the ASC for the purposes of the ASC administering, evaluating and reporting on the AASC program.
9. The ASC will undertake an evaluation of the AASC program and will need to gather the views of those involved in the AASC program, including participating child and their parents/guardians. The ASC and its contracted researchers may contact you in the future to invite you to participate in a telephone interview or focus group. Involvement in the evaluation is voluntary, all responses will be kept confidential and any reporting will be generalised so that no one individual can be identified. Your child may also be invited to complete a short questionnaire while participating in the AASC program. Participants will be randomly selected for involvement within this evaluation.

Unless you tick the box below to indicate that you do not grant permission, the details you provide on this form will be passed on to the ASC and its contracted researchers for the above purposes.

I **DO NOT** grant permission

10. The ASC wishes to record images of the AASC program, including images of child participating in activities. These images may be used in ASC publications, posters, events, promotional broadcasts, reporting materials and websites in any form of media.

Unless you tick the box below to indicate that you do not grant permission, images may be taken of your child and used for the above purposes.

I **DO NOT** grant permission.....

I have read, understood and agree to the above terms and conditions.

Name

Signed

Date

