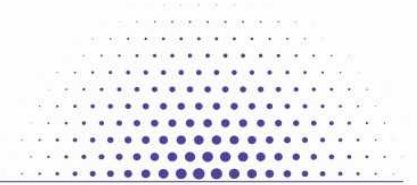


# MITCHELL SHIRE COUNCIL.

## Youth Services Permission Form



<b>Includes: A BOOKED SESSION WITH POP UP RECORDING STUDIOS IN SEYMOUR</b>	<b>Office use only</b>
<b>Please note:</b> Mitchell Youth Services need the signed permission form and proof of payment before excursion	<input checked="" type="checkbox"/> <b>Paid</b>
	<input type="checkbox"/> <b>Not paid</b>
	<input type="checkbox"/> <b>NA</b>
<b>Activity/Excursion/Committee</b> Please TICK the boxes for the activities you wish to attend	
School holiday activity: <b>Pop Up Recording Studio Seymour - Cost FREE</b>	

### YOUNG PERSONS DETAILS

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

Date of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

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

Medicare Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

### EMERGENCY CONTACT DETAILS

Guardian's name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

*Emergency contact if guardian is not available.*

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

Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

### MEDICAL DETAILS (This section must be completed)

**Does the young person:**

**Have any medical conditions or allergies?**  Yes  No

If yes, please provide details:

\_\_\_\_\_

**Has the anaphylaxis medical management plan/asthma plan been provided to the service?**  Yes  No

**Have you supplied an Epi Pen/Ventolin to the service?**  Yes  No

**Have any specific dietary requirements?**  Yes  No

If yes, please provide details:

\_\_\_\_\_

**Have any other additional needs/requirements which supervising staff should be aware of?**  Yes  No

Contact us:

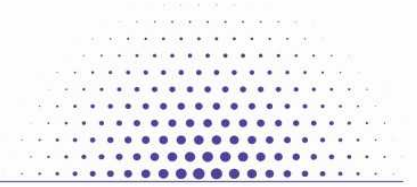
t: (03) 5734 6200

e: youth@mitchellshire.vic.gov.au

w: www.mitchellshire.vic.gov.au

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If yes, please provide details:

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**Take any medication?**

Yes  No

If yes, please provide details:

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**Can they administer his or her own medication**

Yes  No

(Please note that Youth Services workers do not have authorisation to administer medication. In the event of a medical emergency an ambulance will be called.)

Photos/video may be taken of your child during this program for the purpose of advertising and promotion. Photos and footage will be used in brochures and flyers, media articles and stories, organisation reports, presentations and displays and on websites. The organisations that will use these images are Mitchell Shire Council, Office for Youth (Victorian Government) and Youth Program sponsors and partners. I understand that the photos/video footage will only be used in the ways above. I won't be paid now or in the future. My child's name might not be mentioned. The photos/video footage might be used many times. I do not have any further rights to the photos/videos.

**Do you authorise the use of images/video footage of my child for the purpose described?**  Yes  No

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All information gathered on this form is for the purposes of providing youth activities, enabling individual participation and is stored to ensure individual privacy and confidentiality. In future, youth program information will be distributed to previous participants via email if an email address has been provided.

Please indicate by ticking this box if you do **NOT** wish this to occur

### PARENT/GUARDIAN DECLARATION

I give permission for my child \_\_\_\_\_ to participate in the **Pop-Up Recording Studios (Seymour)** Drop-In Program. I agree that my child shall adhere to rules in place issued by Mitchell Youth Services Staff. If my child behaves inappropriately, I understand that a Mitchell Youth Services Staff Member may contact me for him/her to return home after notifying me.

I understand that the **Pop-Up Recording Program** is a structured program and my child can arrive and leave at any time between **10am – 6pm**.

I agree that Mitchell Youth Services staff are not responsible for my child once he/she leaves the youth room.

I give consent for supervising staff to seek medical treatment for my child in the event of an accident, injury or illness.

**PARENT/GUARDIAN\* NAME:** \_\_\_\_\_

**SIGNATURE\*:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

(\*Young people 18 years or over may complete and sign this for themselves)

### YOUNG PERSON DECLARATION

I agree to abide by the rules and conditions of the Mitchell Shire Youth Services Program and meet any cost attached hereto. This includes no cigarette alcohol/ drug possession or consumption on programs, no behaviour or actions which risk the health and safety of workers or other participants on the program, no bullying of other participants or

Contact us:

t: (03) 5734 6200

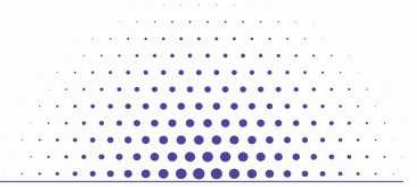
e: youth@mitchellshire.vic.gov.au

w: www.mitchellshire.vic.gov.au



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workers on the program and no use of offensive or abusive language directed towards program participants, workers or anyone who comes in contact with the program.

### IMPORTANT INFO PLEASE READ CAREFULLY

- You agree to Mitchell Shire Council and Montville Lane Sessions Pop-up Recording Studio placing your song/s on various social media platforms and YouTube for promotional purposes only, and submission to the MLS pathways partners for written feedback.
- You agree to Montville Lane Sessions submitting your songs to local community radio stations for the purposes of getting airtime for your songs.
- Tick this box if you want to *opt out* of your song/s being promoted/submitted by Mitchell Shire Council/Montville Lane Sessions Pop-up Recording Studio"

YOUNG PERSON'S NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**\*If you have any questions or queries please contact Youth Services on: 5734 6200\***

PARENT/GUARDIAN\* NAME: \_\_\_\_\_

SIGNATURE\*: \_\_\_\_\_ DATE: \_\_\_\_\_