

PROJECT: Office Use

YOUTH CLICKS CONSENT FORM (Y41)

TJW respects your privacy. The following information will be kept confidential.

YOUNG PERSON'S INFORMATION	
Family Name:	Given Names:
Address:	
Suburb:	PC:
Telephone:	Mobile:
Email:	Sex: F <input type="checkbox"/> M <input type="checkbox"/>
DOB:	School:
Non English Speaking Background: Yes <input type="checkbox"/> No <input type="checkbox"/>	Is the child of Aboriginal or Torres Strait Islander background? Yes <input type="checkbox"/> No <input type="checkbox"/>
Religion:	Cultural Background:

PARENT / GUARDIAN INFORMATION	
Name:	Name:
Relationship to young person:	Relationship to young person:
Address:	Address:
Suburb and PC:	Suburb and PC:
Phone:	Phone:
Mobile:	Mobile:

In Case Of Emergency: (if Parents / Guardian are unavailable)

CONTACT 1	CONTACT 2
Name:	Name:
Relationship:	Relationship:
Phone:	Phone:
Mobile:	Mobile:
Address:	Address:
Suburb and PC:	Suburb and PC:

YOUNG PERSON'S MEDICAL INFORMATION

Medicare Number:	Allergies:	
Doctor's Name:	Doctor's Phone:	
Dietary Requirements:		
Medication:	Dosage:	Taken When:
Medication:	Dosage:	Taken When:
Medication:	Dosage:	Taken When:

Does your child have any medical conditions?	Yes	No
If YES , please provide a brief description of how it is treated	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

CONSENT

	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
TJW Brochures and Promotional Items	<input type="checkbox"/>	<input type="checkbox"/>
TJW Website.....	<input type="checkbox"/>	<input type="checkbox"/>
TJW Social Media (eg Facebook, Instagram).....	<input type="checkbox"/>	<input type="checkbox"/>
External Media Sources (eg Newspapers, Internet, TV)	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

The Participant/Carer/Parent/Guardian has been advised that independent auditors may view information about them as part of The Junction Works Quality Assurance System and adherence to National Government Standards	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Please list the people who have consent to pick up your child from the program.

(Please note that I.D will need to be presented to staff upon arrival before picking the child up)

Name	Relationship

To enable TJW to provide duty of care and deal with any safety issues please advise of any legal matters we need to know about:

Are there any current court orders that affect your child: Yes No

If YES, please provide all relevant paperwork (including Parenting Plan) and list any other relevant details.

Plan received: Yes No Date: _____

Client complaints procedure discussed with young person: Yes No

Copy of client complaint brochure given to young person: Yes No

PARENT'S / GUARDIAN'S CONSENT

I agree to the named young person attending The Junction Works Youth Clicks Service and shall not hold staff or volunteers responsible for any damage and/or loss of property and/or accidents that may occur. I give permission for medical assistance to be provided to the named young person in the case of emergency, and agree to pay such costs as may be incurred. I grant The Junction Works staff permission to obtain medical information related to the named young person in the case of allergies, asthma protocol, special needs and medication.

Young person's name: _____

Parent/Guardian signature: _____

Relationship to young person: _____

Date: _____