



### Participant Preferred Name (optional)

First Name      Last Name

## Parent/Caregiver Consent & Agreement Form

Thank you for completing this short form so your young person can experience Operation Flinders! If you have any questions, please contact your School/Agency's Coordinator.

### Participant Legal Name \*

First Name      Last Name

### Which of the following most accurately describes the participant? \*

- Female
- Male
- Non-Binary / Gender Expansive
- Transgender Female
- Transgender Male
- Prefer not to answer

### Prefer to self describe:

### What are the participants pronouns? This helps us understand the best way to address / communicate with them.

- She/her
- He/him
- They/them
- Prefer not to say
- Unknown

### Let me type...

## Participant Date of birth \*

Day      Month    Year

**School/Agency \***

## Participant Address \*

### Street Address

Street Address Line 2

Suburb/Town State

Post Code

**Participant Mobile No. \***

Please enter a valid phone number.

# Emergency Contacts

Please provide 2 emergency contacts

**Emergency Contact Name #1 \***

First Name      Last Name

### Relationship to participant \*

**Mobile Number \***

Please enter a valid phone number.

**Address (if different to participant)**

Street Address

Street Address Line 2

Suburb/town

State

**Email address \***

**Emergency contact Name #2 \***

First Name      Last Name

**Relationship to Participant \***

**Mobile Number \***

Please enter a valid phone number.

**Address (if different to participant)**

Street Address

Street Address Line 2

City

State / Province

Postal / Zip Code

**Email address**

example@example.com

**T Shirt size \***

**Does the participant have ambulance cover? \***

Yes

No

**Is the participant \***

Under Guardianship of the Chief Executive

Managed by a case worker

Under a court order

None

**Case workers Name?**

## Dietary Requirements

Please read the following information carefully

**Dietary requirements (tick all that apply) \***

Nil

Vegetarian

Vegan

Gluten Free

Coeliac

Dairy Free

Halal

Other

**Other dietary requirement not listed above**

## Photography and Information Consent

**I give consent to the:**

**(check boxes to agree) \***

Filming, interviewing or photographing of the participant during the program

Use of these images/video being shared on the Operation Flinders' Facebook page and our magazine 'Thinking of Eagles'

Collection of information from completed questionnaires and surveys for the purpose of program evaluation and to enable Operation Flinders to develop and maintain programs and activities. De-identified information may be gathered by and released to University researchers.

Sharing of collected information with the participant's school/agency for the purpose of communicating vital data that may enhance positive outcomes for the participant.

## General Agreement

**If you have listed a requirement above (e.g. 'no dairy'), please tell us about a suitable alternative e.g rice milk, oat milk etc.**

I am over 18 at the time of the exercise and I am authorised to act on behalf of the named participant. I agree to: 1. Ensure a Medical Report is available to Operation Flinders 2. Ensure the provision of adequate footwear as described in General Information 3. Allow staff to exercise their duty of care to ensure the safety, well-being and successful conduct of the individual and the group during the Exercise 4. Pay any medical and dental expenses other than primary care as incurred by the participant 5. Provide accurate emergency contacts to enable the participants to return home early if necessary and bear the costs of repatriation at the discretion of Operation Flinders 6. If the participant is under the age of 18 years and where a Medical Doctor has authorised the use of non-prescribed medication in the Medical Consent form I agree to the administration of these medications as deemed appropriate by the trained paramedics. I further consent to a paramedic authorising a support staff member to administer these medications in the field 7. Use of the information I have supplied in this form by Operation Flinders for the following intended purposes: (a) assess the suitability of the named young person to participate on Exercise (b) manage the risks of their experience whilst on Exercise and (c) add to Operation Flinders databank of de-identified participant information.

\*

Agree

Can someone contact me to discuss this further

**Name of the person completing this form \***

First Name      Last Name

**Date \***

Day      Month      Year

## **School/Agency Coordinator use only**

**Name of the person who is submitting this form online on behalf of the above-named person (who completed it in hardcopy format)**

First Name      Last Name

### **Date**

Day      Month      Year