GUNYA META INC
22 Mayes Ave, Logan Central Q 4114
P: 07 3558 1600

PO Box 152, Kingston Q 4114

E: ttw@gunyameta.org

Gunya Meta – Transition to Work Permission Forms

Participant/Parent / Guardian/Carer

I_____give permission for my child/ren to attend Gunya Meta Programs.

Name	Sex F	Sex M	DOB	Age	Medicare	No on Medicare

Address: _____

Mobile:_____Email: _____

Signature:_____Relationship to child: _____

Tick Relevant Box

Consent for Photo/Video to be use for Gunya Meta	Yes		No	

Swimming Ability	Moderate		Good		Excellent	

Dietary Needs	Yes		No		If Yes, what?	

Emergency Contacts

Name:_____Mobile:_____
Relationship to child: _____
Name:_____Mobile:_____
Relationship to child: _____

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Medical Information

Doctor's Name:_____ Phone: _____

Address: _____

Specific Medical Information: Gunya Meta will take reasonable care to see that the following information will be held in confidence.

Has your child/ren recently been exposed to contagious disease or conditions, such as covid, mumps, measles, chicken pox, etc.? Yes or No Disease:
_____Date_____

When was your last Tetanus Booster?			
Medications			
Medication Plan/Dosage			
Do you suffer from	**Yes**	**No**	If YES, give details & complete for prescribed Medications
Asthma			
Allergies (medications, foods, plants, insects, etc)			
Diabetes			
Epilepsy			
Heart problems			
High blood pressure			
Migraines			
Disabilities			
Recent illness, injury/operation			
Any other diagnosed medical or mental condition, phobias, ADHD, etc.			

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Medical Information Continue

Emergency Medical Treatment:

1. In the event of an emergency, I hereby give permission to transport my child to a hospital for emergency medical or surgical treatment. I wish to be advised prior to any non-emergency treatment

2. I hereby grant permission for non-prescription medication (such as non-aspirin products, i.e. acetaminophen or ibuprofen, throat lozenges, cough syrup) to be given to my child, if deemed appropriate.

3. In the event it comes to the attention of the Gunya Meta staff, its project manager, supervisor, mentors , and the board of directors, or representatives associated with the activity that my child becomes ill with symptoms such as headache, vomiting, sore throat, fever, diarrhea, I want to be notified immediately.

4. No medication of any type, whether prescription or non-prescription, may be administered to my child unless the situation is life threatening and emergency treatment is required.

5. Medications (If Applicable): My child is taking medication at present. My child will bring all such medications necessary, and such medications will be well labelled. Names of medications and concise directions for seeing that the child takes such medications, including dosage and frequency of dosage, are as follows as mention above.

Signature of Parent/Guardian:_____ **Date:** _____

DEX Database Consent

I_____give consent for Gunya Meta to use information for Data Exchange (DEX) for funding purposes.

Signature of Parent/Guardian:_____ **Date:** _____

Privacy Notice
The DEX has a mandatory set of data entry requirements, including birth date, gender and Aboriginal or Torres Strait Islander status, yet it also has a set of optional reporting requirements. These obligation-free requirements can be completed in exchange for more relevant and meaningful reports from the Department.

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Film / Photo Consent Form

Gunya Meta requests your permission to use your work and /or images and recordings in which you appear (i.e. your personal material) for the promotion purpose(s) specified below.

*I,*_____*of* _____
(insert name) *(insert address)*

I declare that I am the parent/legal guardian of the following child/children as mention on page 1.

1. I agree to the Gunya Meta, its employees, officers, agents, and contractors ("Gunya Meta")

(a) making images or recordings, whether sound, digital or otherwise, of me and the Children ("Images and Recordings").

(b) using, publishing, or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, promotional videos, websites, CD-ROM, or other multi-media, for public relations, promotions, commercial and advertising purposes ("Promotional Materials"); and

(c) retaining or storing the Images and Recordings (including those incorporated into Promotional Materials), in hard copy or digitally.

2. I agree that the rights granted to the Gunya Meta under clause 2 of this Photo Consent Form are perpetual and that I will not receive any payment, royalty or other consideration (whether monetary or otherwise) from the State in connection with the making, use or storage of the Images and Recordings;

3. I agree to Gunya Meta collecting, storing, handling, accessing, managing, transferring, using and disclosing personal information about me and the Children, including but not limited to our name, details and image, in connection with the Images and Recordings or the Promotional Materials;

4. I acknowledge and agree that any Promotional Materials which refer to me and the Children, expressly or by implication, are, at the date of publication, made in good faith and are not intended to defame or offend me or the Children or bring me or the Children into disrepute and, to the best of Gunya Meta's knowledge, are true and correct.

5. I agree that Gunya Meta is the owner of the copyright in the Images and Recordings and the physical Images and Recordings; and

6. I acknowledge that a representative of Gunya Meta has explained the contents of this Photo Consent Form to me, and I am signing this Photo Consent Form of my own free will, on the full understanding and comprehension of the terms of this Photo Consent Form.

Signed by: **Witnessed by:**

_____ _____
Print name *Print name of witness*

_____ _____ _____ _____
Signature *Date* *Signature* *Date*

Privacy Notice
The Department/Agency is collecting the information on this Photo Consent Form in order to use Images and Recordings of you or the Children in Promotional Materials for the Queensland Government, NIAA and as otherwise stated above. This information will only be accessed by authorised employees within the Department/Agency. Some of this information may be given to other departments/agencies, contractors of this Department/Agency and other departments/agencies for the purpose of using Images and Recordings of you and the Children in Promotional Materials. Your information will not be given to any other person or agency unless you have given us your consent, or we are required or permitted by law.

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Consent and Indemnity Agreement

Disclaimer: By signing this form you agree to the conditions specified below.

Participants:

1. Agree to comply with all the rules and regulations, program instructions and program activities of Gunya Meta.
2. Acknowledge that participation in the program comes with risks and potential hazard. I therefore release Gunya Meta and their officers, directors, and/or delegates, program committee, volunteers, employees, agents, and sponsors of the above program, of any liability resulting from injury or death during the program and related activities.
3. For yourself, executors, administrators, next of kin, successors, and assigns, hereby:
   - 3.1 waive and release all claims you may have against Gunya Meta and their Board Members, CEO/directors, program committee, volunteers, employees, agents, and sponsors of the above program, including any and all claims for damages caused by or arising out of my participation in the program and related activities and transport to and from venues; AND
   - 3.2 indemnify and hold harmless each of them against any such claim that you or your guests or anyone or more of the executors, administrators, heirs, next of kin, successors and assigns may have or assert with respect thereof.
4. Acknowledge that you have sole responsibility for your personal possessions during the program and related activities.
5. Consent to receive medical treatment and/or emergency evacuation procedures at your cost, which may be deemed advisable in the event of injury, accident and/or illness during the program.
6. Transport (Bus, private cars, public transport) to and from venues.

Name: _____

Signature: _____

Date: _____

Program Manager/Coordinator: _____

Signature: _____

Date: _____