|  |  |  |
| --- | --- | --- |
|  | Application to Join a ProgramYouth Flourish Outdoors |  |

PART 2: Family PARENT/GUARDIAN/WORKER TO COMPLETE

Young Person’s name:

Please list all members of the young person’s family/foster family/residence:

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship to young person |
|  |  |  |
|  |  |  |
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|  |  |  |
|  |  |  |

Are there other people who are important yet absent from the young persons living situation? If so please list and describe:

|  |  |  |
| --- | --- | --- |
| Name | Age | Relationship to young person |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

What do YOU see as the young person’s strengths?

What are the challenges relating to the young person at home?

If there are challenges/difficulties at home, what has helped in trying to resolve or manage these?

What are you hoping your young person may get out of this program?

Is there any other relevant family information?

To Feel Safe about this Program I also Need to be Sure That:

Parent/Guardian’s Statement

1.

2.

3.

Parent/Guardian’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Thank you

Strengths and Difficulties Questionnaire (Parent or Teacher version)

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PARENT/GUARDIAN CONSENTS

Ensuring that your Young Person is Safe, Happy and Grows through the Flourish Program

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ being parent/guardian of the above-mentioned participant declare that I understand that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (my child’s name), will be participating in a program conducted by Youth Flourish Outdoors Ltd (Flourish) and I consent to the following:

**Activities** Activities may involve running, jumping, water and use of specially designed adventure equipment thus exposing my son/daughter to situations and physical activity not encountered in a classroom. Flourish sometimes engages venues and eternal staff in which case our staff supervise but do not conduct the activity.

**Risks** I acknowledge that while Flourish and its staff and associated instructors will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Flourish, its staff or associated instructors.

**Medical** I authorise that Flourish staff may, in the event of any injury or illness, and where it is not possible or reasonable to obtain my consent at the time, administer a normal dose of over the counter medication such as antihistamine or paracetemol, to engage any medical practitioner or hospital facilities or accommodation. In this event I agree to pay all such emergency evacuation, ambulance, doctor, nurse, and/or hospital expense.

**Medical Treatment:** I authorise any employee of Flourish, who is with my child/ward, to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

**Counselling**: I authorise Flourish therapists to counsel with a trauma focused approach and other Flourish staff to counsel in a trauma informed approach. I understand that both categories of counselling are as described in the Australian guidelines for the Treatment of Complex Trauma and trauma Informed care and Service provision (2012).

**Photo’s and Film** I give Flourish permission to use photographs and film footage taken during the course of the program for display or promotional purposes. I understand that my child will not be identified by name, address or any personal details.

 Yes [ ]  No [ ]

**Vehicles** I give permission for my child to be transferred by Flourish vehicles during program hours.

**Information** Flourish may share information, in the best interests of this young person, with other organisations. This includes for research, providing information is de-identified.

**Safe Touch** To keep this young person safe and happy Flourish staff (and staff trained in safe touch by Flourish) may touch for physical safety, and hug for emotional safety. The training required for this is understood to ensure that inappropriate touching is forbidden.

**Group Rules** Rules that the young people and staff create for ensuring emotional and physical safety are important and this young person will adhere to these rules.

Parent/Guardian sign:

date:

Medical Information

|  |  |  |
| --- | --- | --- |
| Name of Young Person | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date of Birth:\_\_\_\_\_\_\_\_\_Gender:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Main Caregiver NameRelationship | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone BH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Postcode:\_\_\_\_\_\_\_\_\_\_\_\_ |
| Medicare Number:Health Care Card  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| Private Health Insurance  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Fund: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Second Emergency Contact NameRelationship  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone (mb):\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Postcode: \_\_\_\_\_\_\_\_\_\_\_\_ |
| **Doctor:**Name/Practice:  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Address | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  (mobile):\_\_\_\_\_\_\_\_\_\_\_ |
|  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |

Does this young person take any medication? Yes [ ]  No[ ]

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last Tetanus injection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this young person suffer from any medical or psychological conditions/issues? Yes [ ]  No [ ]

If yes, please give details:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this young person have any known allergies? Yes [ ]  No [ ]

If yes, please give details: (include food, insect bites or medication)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does this young person have any special dietary requirements? Yes [ ]  No [ ]

If yes, please give details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can this young person swim 30 metres? Yes [ ]  No [ ]

Are there any special requirements for medical or religious reasons? Yes [ ]  No [ ]

If so, what are they? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Does this Young Person have permission to smoke? Yes [ ]  No [ ]

I have submitted all relevant, up to date medical information on my child and I understand that my child is responsible for bringing all required prescription medications with them on the Flourish program/s.

Yes [ ]  No [ ]

Parent/Guardian (signature).............................................. Date...........................