



|       |                        |
|-------|------------------------|
| Name: |                        |
| DOB:  |                        |
| UR:   | <i>Office use only</i> |

### ChIPS activity consent form

|  |  |                     |  |
|--|--|---------------------|--|
| Activity   |  | Activity date/dates |  |
| Return completed form to <a href="mailto:chips.program@rch.org.au">chips.program@rch.org.au</a> by |  |                     |  |

### Contact Details

|                     |                                 |               |          |
|---------------------|---------------------------------|---------------|----------|
| <b>Young person</b> | Full name & pronouns (optional) |               |          |
| RCH UR              |                                 | Date of birth | Age      |
| Home address        |                                 |               | Postcode |
| Email               |                                 | Mobile #      |          |
| Medical condition/s |                                 |               |          |
| Accessibility needs |                                 | Dietary needs |          |

|                              |                                 |          |          |
|------------------------------|---------------------------------|----------|----------|
| <b>Emergency Contact</b>     | Full name & pronouns (optional) |          |          |
| Relationship to young person |                                 |          |          |
| Home address                 |                                 |          | Postcode |
| Email                        |                                 | Mobile # |          |

|                              |                                 |          |          |
|------------------------------|---------------------------------|----------|----------|
| <b>2nd Emergency Contact</b> | Full name & pronouns (optional) |          |          |
| Relationship to young person |                                 |          |          |
| Home address                 |                                 |          | Postcode |
| Email                        |                                 | Mobile # |          |

### Consent, Waiver & Release (co-sign with parent/guardian if under 18 years)

#### Photograph consent/release

I hereby give permission for the Royal Children's Hospital to release the participants name, image and voice for use in reports, media items promoting ChIPS, on the ChIPS website and ChIPS social media pages and in funding submissions. Yes  no

#### Medical Authority

RCH clinical staff (nurses/doctors) do not attend ChIPS activities unless stated. RCH ChIPS staff attending are trained in basic first aid only. I hereby give permission for RCH staff to assist in giving medical first aid if deemed necessary, and in the event of an emergency, contacting emergency services. I acknowledge that any costs associated with ambulance transport will be incurred by me or my parent/guardian.

#### Consent

I hereby acknowledge that having read and understood the information provided about the listed activity and understanding the associated risk inherent in this activity, do give my consent and written permission for the above-named participant to partake in all activities and accept responsibility for the above listed participant before and after the program including their transport to/from the activity.

#### Liability

I understand that my participation in the ChIPS Program and its related activities is voluntary, and that the RCH, its staff, agents or contractors, will not be liable for any personal injury, loss or damage to person or property in connection with my participation in ChIPS events.

|   |  |      |  |
|---|--|------|--|
| Signed ( <b>young person</b> )  |  | Date |  |
| Name (please print)   |  |      |  |
| <b>Parent/guardian consent (please co-sign if young person is under 18 years)</b> |  |      |  |
| Signed ( <b>parent/guardian</b> )   |  | Date |  |
| Name (please print)   |  |      |  |