



BOOKING FORM WEEKENDS AWAY

So you want to come to a Weekend Away?

Awesome!

Here's what you need to do...

- Provide the Medical & Consent information requested (see overleaf)
- Confirm payment details (below)
- Return completed forms 2 weeks prior to program commencement to:

Victoria

Fax: 03 9412 0972

Post: 152 – 156 Wellington St,
Collingwood Vic 3066

Email: programs@reach.org.au

NSW

Fax: 02 9475 0148

Post: PO Box 510
Newtown 2042

Email: programs@reach.org.au

Please note: Your place on a Reach Weekend Away is not confirmed until we receive your completed Medical & Consent forms and payment.

PAYMENT OPTIONS

Cost: \$135 per weekend away

- Direct Debit:**
Account Name: The Reach Foundation
BSB: 083 155
Account Number: 69 735 3585
Transaction Reference:
Weekend Away & <participant name>
- Cheque:** To The Reach Foundation. Can be posted or delivered to Reach on day.

Credit Card (Visa & MasterCard only)

Please complete details below and return to us.

Name of Cardholder: _____

Credit Card Number: _____ Exp. Date ____/____

Amount: \$ _____ Signature: _____



VIC Head Office 152-156 Wellington Street Collingwood 3066

NSW Office PO Box 510 Newtown 2042

The Reach Foundation | ABN 87 069 837 627 | ACN 069 837 627 | www.reach.org.au

**Consent Form
Program Participant Under 18
Valid for: Semester 1 2012**

This consent form, along with the medical form, must be completed by a parent/guardian for any young person aged under 18 years wishing to attend the above program/s organised by The Reach Foundation (Reach).

Please complete the consent AND medical forms and return to Reach **prior to program commencement date**. Please note that Reach reserves the right to not permit a young person to attend the program/s if these forms have not been completed, signed and returned to Reach two weeks prior to program commencement date.

This consent form is valid for **Semester 2 2011 only**. It is the responsibility of the young person's parent / guardian to inform Reach if any of the details provided alter within this time. Please contact Reach to obtain new consent and medical forms.

For a young person aged 18 or above, the consent form for participants aged 18+ must be completed and signed.

Participation and Injury

I/We acknowledge that Reach activities may at times include physical tasks that inherently contain a small risk of injury. I/We understand that such activities are carried out with appropriate supervision and that my/our child may decline to participate at any time in one or more of these activities should they so desire. If my/our child does so elect to participate in the activity, I/we accept all consequences of their participation including any risk of injury associated with participation in the activity.

I/we acknowledge that Reach staff may terminate my child's participation in a Reach program if his/her continued participation is assessed to have the potential to put him/her or other participants or Reach people at risk of harm. If my/our child's participation is terminated, I acknowledge that it is my/our responsibility to collect and transport my/our child from the program.

Indemnity

Except as to the extent that Reach, its officers, leaders, agents and members are entitled to be indemnified by an insurance policy, under a policy of insurance maintained by Reach, I/we hereby release and indemnify Reach, its officers, leaders and agents and members, against any liability (including liability involving negligence) in relation to participation in any activity connected with Reach activities.

Right to Film/ Record

I/We authorise, grant and assign to Reach the right to film, interview and generally record my/our child (picture and/or voice) in photographs and on film and/or video tape ("the Recording") and to reproduce and edit the Recording into one or more films ("the Films"), and to screen and broadcast the Recording by means of the Films and, generally, to exploit the Films in all media throughout the world in perpetuity including for the purposes of publicity and promotion of the Films. I/We release Reach (and others authorised by Reach) from any infringement or violation of my/our child's personal and/or property rights of any sort (including without limitation defamation and breach of confidence) arising from the use of the Recording and the Films.

I/We acknowledge that Reach owns and shall own all rights in the Recording and the Films, and I/We expressly consent to Reach editing the Films in such a manner as it sees fit. I/We warrant that I/we have the full power to enter into this Release and that the rights granted and assigned by me/us in this Release may not be withdrawn or revoked.

I/We authorise, grant and assign to Reach the right to assign or license the rights and other benefits granted under this Release in whole or in part.

Medical Treatment

I/We authorise Reach, in the event of any injury or illness occurring during or in connection with any activities of Reach, to obtain on, by me and at my expense any medical treatment as may be considered appropriate by Reach. I/We agree to pay on demand by Reach any medical, hospital or other expenses incurred by Reach in this regard.

Disclosure

I/ We are aware that all information discussed by participants and Crew at Reach programs is to remain confidential, except in the case where there is concern for the health, safety or welfare of a participant. Where this concern is present, I/ We consent for relevant information to be shared with Reach Social Workers/ Psychologists. I/ We are aware that information will be shared only when deemed necessary by the Reach facilitators or Support Worker present at the program.

Consent to Participate

I/We _____

give my/our permission for my/our son / daughter

_____ *(Please print your child's name in full, including any middle names)*

to participate in a Reach Weekend Away on _____ during **Semester 1 2012**.
(Please provide the date of your chosen weekend away)

Parent / Guardian Agreement

Signed _____

By Parent / Guardian

Name _____

Please Print

Relationship to Young Person _____

Date _____

Contact Details

Address _____

Suburb _____

Postcode _____

Home Phone _____

Work Phone _____

Mobile _____

How did you find out about our Weekends Away (e.g. website, friend, Facebook, other)? _____

Would you like to be kept up to date with Reach news and events? **Yes** **No**





Weekends Away Under 18 Semester 1 2012
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**Profile/Medical/Special Diet Form
Program Participant Under 18
Valid for: Semester 1 2012**

*NOTE: All sections of this form must be completed for all participants.
It is your responsibility to inform Reach of any future changes to the details provided.*

PERSONAL DETAILS OF PARTICIPANT

Family Name: _____ First Name: _____

Address: _____ Suburb: _____ P/code: _____

Home Phone: _____ Mobile: _____

Email: _____ Date of Birth: _____

Are you an Aboriginal or Torres Straight islander?* Yes No

*This information is captured for Commonwealth Government reporting purposes only.

NEXT OF KIN DETAILS / EMERGENCY CONTACT

Name: _____ Relationship to Participant: _____

Address: _____ Suburb: _____ P/code: _____

Contact Numbers Day: _____ Evening: _____

Mobile: _____ Email: _____

EDUCATION

Are you attending school or another educational institution? Yes No

If YES, Which one? _____ Year level _____

MEDICAL DETAILS OF PARTICIPANT

Name of Doctor: _____ Contact No. _____

Medicare No. _____

Private Health Fund: _____ Member. No. _____

Ambulance Subscription: Yes No Ambulance No. _____

Do you have any known allergies? (Penicillin, bee stings etc) Yes No

If yes, please give details: _____

Do you have any special dietary requirements? Yes No

If yes, please give details: _____

Do you have any physical limitations (knee/back problems, kidney/bowel problems, nose bleeds, migraines, sleeping disorders etc)? Yes No

If yes, please give details: _____

Do you use any prosthetic aids (hearing aids, contact lenses, glasses, artificial limbs or eyes, wheelchair, pacemaker etc)? Yes No

If yes, please give details: _____

Are there any other medical concerns? Yes No

If yes, please give details: _____

Do you have any spiritual beliefs that may have an affect on medical treatment? (Can't have blood transfusions etc)





Weekends Away
Under 18
Semester 1 2012

Yes No

If yes, please give details: _____

Do you have a diagnosed medical condition? (eg: diabetes, epilepsy, asthma, high blood pressure, ADHD, depression)

Yes No

If yes, please give details: _____

Do you take prescribed medication?

Yes No

If yes, name of medication/s: _____ Dosage: _____

Reach are to hold & dispense this medication to my child as per my instructions Yes No

Have you ever sought help from a psychologist, social worker, psychiatrist, counsellor, etc.? Yes No

If yes, When? (date of most recent visit): _____ Profession: _____

If yes, Who from? Name _____ Phone: _____

Do you consent for this person to be contacted, if necessary? Yes No

Name & phone number of another support person Reach could contact if necessary (e.g. Counsellor, Family Doctor, Psychologist, Social Worker, etc):

Name & Profession: _____ Phone: _____

Have you ever experienced any of the following:

- Depression Never in the last week in the last month in the last year over a year ago
- Psychotic episode Never in the last week in the last month in the last year over a year ago
- Anxiety Never in the last week in the last month in the last year over a year ago
- Suicidal thoughts Never in the last week in the last month in the last year over a year ago
- Self harm Never in the last week in the last month in the last year over a year ago
- Other mental health Never in the last week in the last month in the last year over a year ago

Please give details (i.e. When? For how long? Most recent experience? etc.)

Have you ever been hospitalised for psychiatric care or mental health concerns?

Yes No If yes, when were you last discharged? _____

Note: Please contact the Reach Social Workers / Psychologists (Ph 9412 0900) to provide additional details if required.

***I declare that the information I have provided on this form is complete and correct.
I consent for this information to be shared with Reach Social Workers/ Psychologists and Reach Supporters where necessary to ensure the safety and wellbeing of all participants at Reach activities.***

Signed (young person): _____ **Date:** _____

If the participant is aged under 18 years, the participant's legal parent/guardian must also sign:

Signed (parent/guardian): _____ **Date:** _____

Name: _____ **Relationship to Participant:** _____

Please note that this form will be kept strictly confidential and will only be used for the purposes of protecting participant safety. Reach ensures appropriate adult supervision for all its activities.

Reach is unable to provide paracetamol to any participant

