

# PARENT CONSENT FORM



## JCU Engineering Futures 2023

### Parent/Legal Guardian

*This section must be completed by a parent or legal guardian. Applications without parent or legal guardian consent and signed authority will not be considered.*

Name:

Phone number:

Mobile:

Email address:

Relationship to the student:

Parent/Legal Guardian demographics *(Please tick the boxes that apply to you)*

- ☐ I identify as Aboriginal      ☐ I identify as Torres Strait Islander  
☐ I am from a Non-English speaking background/English is my second language  
☐ I am from a regional and remote area

Highest level of completed qualifications *(Please tick the boxes that apply to you)*

- ☐ High School Certificate      ☐ Trade/Apprenticeship      ☐ VET Diploma/Adv.Diploma  
☐ Undergraduate Degree      ☐ Post Graduate Degree      ☐ Other *(please specify)*

*In the event of an emergency where a parent or legal guardian is not able to be contacted, please provide alternative contact details below, i.e. grandparents, elder siblings, aunt, uncle, etc.*

Name:

Mobile:

Relationship to the student:

### Travel details

*JCU will provide travel to and from JCU campus for all participants which may consist of road, air transport, or a combination of both. A parent or legal guardian maybe required to provide drop off and pick up from a central location for charter bus services or to and from the closest airport if flights are required. In order to get students onto campus safely and quickly, please complete all sections below.*

What location will your son/daughter be travelling to Townsville from (suburb/town/city)?

How will your son/daughter get to the airport (if applicable)?

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If charter bus services are provided how will your son/daughter get to the drop off/pick up points?

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Are there any special travel requirements we need to be aware of?

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### Student Medical Information

Medicare number:

Reference number on Medicare Card:

Health Care Card number:

Expiry Date:

Private Health Fund name (if applicable):

Member number:

Family / Local Doctor name:

Address of Doctor:

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Phone number, including area code of Doctor:

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Are there any allergies we need to be aware of:

☐ Yes, if yes please specify:      ☐ No

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Does your child have an EpiPen?      ☐ Yes    ☐ No

*NOTE: Any student with severe allergic reaction/s (and whom carries an EpiPen) must have an ASCIA action plan for anaphylaxis. This plan describes what to do if the student has an allergic reaction and when to give the EpiPen. A copy must be kept with the EpiPen, so that if the student has an allergic reaction, JCU staff can follow the recommended action. If your child is anaphylaxis an ASCIA action plan is required to be submitted with this application form. An Anaphylaxis action plan can be downloaded at <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>*

Does your child have any special dietary requirements:

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Special needs (eg: mobility, hearing, sight etc):

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Does the student suffer from Asthma?    Yes        No    If yes, JCU staff will require an Asthma Plan from a Doctor.

Is your child diabetic? ☐ Yes        No    If yes, JCU staff will require a Diabetic Management Plan from a Doctor.

Does your child suffer from any of the following?

☐ Sleep disorder/walking

Previous significant trauma or illness

☐ Scared of the dark

Bedwetting Home sickness

☐ Prone to nightmares

Depression or mental health concerns

Is your child currently taking any prescribed medications?

☐ Yes

☐ No

If yes, please list medication and reasons for administering:

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*Note: JCU staff will not administer any prescribed medication to students or take possession of medicines. Students are required to self-administer any prescribed medication as directed by a health care professional.*

In circumstances where your child reports minor headache or illness, do you give permission for a first-aid certified JCU staff member to administer paracetamol (Panadol) to your child, if requested?    Yes        No

Is there any additional information you would like to provide about the student that we need to be made aware of?

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### Parent/Guardian Authority & Consent

*Please read the below documents before signing this form:*

- *Information Collection notice;*
- *Privacy statement; and*
- *Parent/Legal Guardian's acknowledgement, consent and release.*

I have read the below documents in full, and I am signing it freely. I confirm I am the legal guardian of  
(student name):

No other representations concerning the legal effect of this document have been made to me.

Name of Parent / Legal Guardian:

Date:

Signature of Parent / Legal Guardian:

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### Application check list

	Check
Provided student and parent/guardian email address and mobile number	<input type="checkbox"/>
Medical information completed, including ASCIA action plan (if applicable)	<input type="checkbox"/>
Proof of identification, a copy of student card, or passport, etc	<input type="checkbox"/>
Student's Profile photo	<input type="checkbox"/>
Parent/Legal Guardian Authority & Consent signed	<input type="checkbox"/>
Provided school staff contact details	<input type="checkbox"/>
Copy of latest school report	

Completed applications can be submitted online, or scanned and emailed to [outreach@jcu.edu.au](mailto:outreach@jcu.edu.au), or posted to the below address.

Outreach Team, Centre for Education and Enhancement  
James Cook University  
Building B1, Room 115  
Smithfield QLD 4878

### Next Steps

1. Once applications close on Friday 19 May a selection panel will choose applicants to participate
2. All applicants will be notified of the outcome (a wait list maybe considered depending on numbers)
3. JCU will coordinate with successful applicants travel and accommodation arrangements directly with students, parents/legal guardians
4. JCU will send participants the Program Schedule, travel itinerary and welcome pack from the week beginning 19 June, (before the end of school term 2).

### INFORMATION COLLECTION NOTICE

- JCU is collecting personal information (including medical information) for the purpose of administering the program in a professional manner with the health, safety and wellbeing of the students of significant importance.
- JCU will store the information securely in its databases.
- JCU will disclose the personal information to JCU staff involved in the program, as required, for the purpose of administering the program to the students in a professional and safe manner.
- JCU will not otherwise disclose the information without my consent unless required or authorised by law.

### PRIVACY STATEMENT

JCU is collecting the personal information requested in this Form in order to:

- obtain lawful consent for the student to participate in the program;
- help coordinate the program;
- assist in responding to any injury or medical condition of the student that may arise during, or as a result of the program; and
- for the other purposes set out in this form.

The information will only be accessed by authorised JCU staff and will be dealt with in accordance with the requirements of the Information Privacy Act 2009 (Qld). The information will not be disclosed to any other person or agency unless it is for a purpose stated above, the disclosure is authorised or required by law, or you have given JCU permission for the information to be disclosed. Your rights to access and amend your personal information are set out in the Information Privacy Act 2009 (Qld) which also places obligations on JCU as to how we handle your personal information.

## PARENT / LEGAL GUARDIAN'S ACKNOWLEDGEMENT, CONSENT AND RELEASE

- I am the parent / legal guardian of the student who is under the age of 18 years and I consent to the student participating in the program.
- I understand that confidential surveys will be conducted throughout the program for research purposes. Such surveys will be solely for the use of JCU reporting with individual personal information not for distribution to any third parties.
- I understand that, during the program, JCU wishes to take photographs and/or video/digital footage ("the Images") of the student participating in the program, to store those Images and to use those Images in the promotion of the program, and JCU generally on TV, radio or in newspapers, in trade and other journals and on websites and the internet. By signing this Form, I give permission for JCU to take Images of the student participating in the program and to use the Images in the promotion of the program, and JCU generally on TV, radio or in newspapers, in trade and other journals and on websites and the internet.
- I have read and understood the Collection Notice and Privacy Statement.
- All information I have provided throughout this Form is true and correct to the best of your knowledge.
- In consideration of JCU permitting the student to participate in the program at JCU's Townsville Campus:
  - I understand and acknowledge that I am fully aware of and assume the risks (including but not limited to the risk of serious bodily injury or death, property loss or damage) associated with the student's participation in the program.
  - I acknowledge and agree that, if the student has a known medical condition requiring medication, I will ensure that the student has sufficient medication for the duration of the program, and that it is safely and appropriately administered and stored.
  - I acknowledge that, whilst JCU and all persons (including each of JCU's officers, employees, volunteers, students and agents) involved in the organisation, oversight and management of the program have taken and will take all reasonable care to avoid injury to persons or damage to or loss of property during the program, they shall not be liable for personal injury or property loss or damage of any kind whatsoever.
  - To the fullest extent permitted by law, on behalf of the student, I forever release, discharge and indemnify, JCU and each of its officers, employees, volunteers, students and agents from and against any present or future claim, cause of action, loss or liability for injury to person or property which the student may suffer, or for which the student may be liable, relating or incidental to the program (including travel to and from JCU's Townsville Campus).
  - I accept full responsibility for the behaviour and actions of the student for the duration of the program (including travel to and from JCU's Townsville Campus). I agree to fully compensate JCU and/or any other property owner for any damage that the student may cause to the property of JCU or that other property owner during the program (including travel to and from JCU's Townsville Campus).
  - I have discussed with the student that they need to take reasonable precautions to avoid hazards and they understand the need to follow all directions given by JCU with respect to safety, the use of equipment and facilities and interaction with other persons (including other students) during the program. I understand that any failure to so comply may result in the student being required to depart early from the program.

- I am aware that it may be necessary for people other than myself to know about conditions which pertain to the student, and that any information I provide in this form will be treated with the strictest confidence and not disclosed to anyone (other than to relevant JCU staff) without my consent, except in the case of a medical emergency.
- In the event of an accident or illness during the program, I give permission for JCU staff (when and if they are present) to obtain or administer medical assistance or treatment which the student may reasonably require (subject to availability and ability). I am aware that the first aid facilities at JCU's Townsville Campus do not include provision of medications such as analgesics, antihistamines, Ventolin, insulin etc and/or medication in child size doses. Should medical assistance or treatment be necessary, I understand that I will be notified as soon as possible and I accept liability for all reasonable costs incurred by JCU in obtaining such medical assistance or treatment (including all evacuation and other transport costs). I understand that JCU has no responsibility to pay for medical treatment and/or related costs if the student is injured or becomes ill.
- I am aware and understand that the student (along with the student's carer) will not be covered by JCU's insurance policies and that for the duration of the program (including travel to and from JCU's Townsville Campus) I should ensure that the student is covered by appropriate health, travel and/or any other insurance considered prudent.
- I agree that if any portion of this document is held invalid or unenforceable, I will continue to be bound by the remaining terms.

I understand the legal consequences of signing this Form, including (a) releasing JCU and its officers, employees, volunteers, students, and agents from all liability on my and the student's behalf; (b) promising not to sue on my and the student's behalf; (c) and assuming all risks of and incidental to the student participating in the program (including travel to and from JCU's Townsville Campus). I understand that I am responsible for the obligations and acts of the student as described in this document. I agree to be bound by the terms of this document.