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| **CONSENT** |
| The headspace Catch Up GroupI give consent for myself/my young person (Participants name) to participate in the headspace Catch Up Group. I understand activities may include;Learning about mental health issues, drug and alcohol issues, healthy lifestyles, and vocational pathways. A group work model will be used, so communication and teamwork with peers will be encouraged. The group will include sessions focused on engagement and “icebreaker” activities, mental health literacy sessions, social development and healthy living.   |
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| I am aware that parts of the program have certain inherent risk, additional risks and dangers may include: Food handling, discussion of sensitive topics, interacting in a group setting, use of arts and craft, physical activity and outdoor activities.I understand the nature of the activities of the event will include, but may not be limited to the description (s) of activities, and that risk may arise during these activities. I hereby authorise the leader in charge of the event/activity in which I am/my young person is involved to consent, where impractical to communicate with me, to myself/my young person receiving such medical or surgical treatment as the leader may deem necessary at any time during the event. I further authorise the use of ambulance and or anaesthetic by a qualified medical practitioner if in her/his judgement it necessary. I accept responsibility for payment of all expenses associated with such treatment. |
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| In giving my consent I fully understand the risks involved for the Catch Up Group and understand that myself/ my young person shall take:* Personal responsibility for cooking, cleaning and personal hygiene
* Follow and listen to instructions of staff
* I understand if I/ my young person fails to comply I or my parent/guardian may be asked to remove the participant from the activity
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| Can you provide any further information that would be important for the safety and wellbeing of yourself/ your child in doing these activities? Medications (circle) NO YES Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Frequency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Allergies (circle) NO YES Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reaction \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Management Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Asthma (circle) NO YES Medication \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dose \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Management Plan \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| If you have any further queries on this activity please contact:Caitlin, Courtney or TaraYouth Mental Health Engagement TeamHeadspace Warrnambool5561 8888  |
| Signed |  | Date  |  / /  |
| Relationship to participantEg self, guardian |   |