

## Consent and Indemnity Form - Children in Care

<b>Date of activity:</b>	/ / AM/PM session (please circle)
<b>Museum site:</b>	
<b>Activity name:</b>	
<b>Child/children details</b>	
<b>Name of each participating child:</b>	1. _____ Date of birth: / /
	2. _____ Date of birth: / /
	3. _____ Date of birth: / /
	4. _____ Date of birth: / /
<b>Parent/Guardian contact details</b>	
<b>Full name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Important information relating to caring for your child</b> Include details of any allergies or other special requirements such as current medications the child is taking	
<b>Medication</b> ( <i>Administering medication is the responsibility of parents – not Museum staff. However, this information may be required in the case of an emergency.</i> ) _____ _____	
<b>Emergency contact</b> Please provide the name of another adult contact in the case of an emergency.	
<b>Full name:</b>	
<b>Address:</b>	
<b>Telephone:</b>	
<b>Acceptance of conditions</b>	
<input type="checkbox"/> I understand and accept the terms and conditions overleaf. <input type="checkbox"/> I understand that I must immediately return to the Museum to attend to my child should I be requested to do so by Museum staff. <input type="checkbox"/> I consent to medical treatment being obtained for my child in an emergency.	
I hereby give permission for my child/children (as detailed above) to participate in the above designated activity led by the Western Australian Museum - _____	
Parent/Guardian full name: _____	
Signed: _____ Date: _____	

## Terms and Conditions

To ensure all participants have a safe and enjoyable experience, parents/guardians must complete the following agreement.

I confirm that I am the parent/guardian of the participating child and I understand that:

1. It is my responsibility to ensure the participant arrives for registration 15 minutes prior to the session and is picked up on time. Participants must be signed in and out of this event by an authorised adult.
2. If a participant's behaviour puts themselves or others at risk, they will be removed from the program and the parent/guardian will be required to collect the child in a timely manner upon request.
3. Should a participant be unable to complete the program, the parent/guardian will be required to collect their child in a timely manner upon request.
4. Participants may enter areas or come into contact with surfaces that may have been exposed to nuts, nut products, fur or other potential allergens.
5. Participants must wear closed in shoes to be admitted into the program. They should also bring weather appropriate clothing/accessories.
6. Participants need to supply their own morning or afternoon tea (that does not require heating or cooking) and bring a refillable drink bottle. Participants will not be able to visit the Museum Café or use the vending machines during the session.
7. I agree to indemnify the Western Australian Museum, the State of Western Australia (the State), their employees or agents, from and against any claim, demand or cause of action or proceeding of any nature, including a proceeding in negligence or contributory negligence that may be brought against WA Museum, the State or one or more of their employees or agents, in respect of personal injury, including mental illness or injury, or property loss or damage, to any person including my child/children that may be incurred as a result of my child's/children's participation in the designated activity.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_

## Behavioural Requirements

I confirm that the participant is able to:

- a. Follow clear instructions.
- b. Remain calm and quiet when asked to do so.
- c. Treat other participants and staff with respect and courtesy.

Signed: \_\_\_\_\_  
(Parent or Guardian)

Date: \_\_\_\_\_