



Ooralta Aboriginal & Torres Strait Islander 2019 Experience Day Application Parent / Guardian Approval

Which Experience Day are you interested in attending:

(✓) Experience Day	(✓) Experience Day
Thursday 16 May	Thursday 25 July
Thursday 15 August	Thursday 17 October

Please get your parent or guardian to complete this section

Parent/Guardian approval

Name: Phone/Mobile:

Email:

My relationship: i.e. parent, guardian, other. Please specify:

I give my permission for to attend the UNE Experience Day.

Medical information

Your child's Medicare number: Position on card:.....

Does your child have any food or other allergies? Yes No

If Yes, what is your child allergic to?.....

If Yes, does it cause an anaphylactic reaction? Yes No

Does your child take any medication which they need help with? Yes No

If "Yes", please give details and the dosage rates/times

I give my permission for Ooralta staff for a teacher to give this medication to my child. Yes No

Does your child have any other conditions or special requirements that we should know about? Yes No

If "Yes", please give details:

Photos, video and sport activities

Please indicate Yes or No to the following three statements:

Yes No I approve that any video footage, audio recordings, photographic images and testimonial statements of my child, taken during this camp, are for the free and unrestricted use by the University of New England for marketing, web and media activities for a period of five years.

Yes No I give permission for UNE/Ooralta staff to contact my child after the camp regarding future opportunities.

Parent/guardian signature..... Date

For further information contact:
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