**MSO String Ensemble, September 2021**

**Photographic and Filming Release Form: Individuals**

Full name of Parent/Guardian completing form:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full name of student:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I grant permission for the student(s) in my care to be photographed and/or filmed for MSO marketing, publicity or research purposes.

The images collected may be used to promote MSO programs to other schools, MSO program stakeholders, program funding bodies and to the general public.

I understand that the images collected by the MSO may be used in a range of generally available publications specifically relating to the MSO, including one or more of the following:

♣ The MSO Website

♣ MSO social media pages

♣ Printed materials

♣ Media advertisements and press editorial

♣ Promotional publications

♣ Annual Reports

♣ Program profiles

Ownership of the images collected will remain with the MSO.

I agree that the MSO may use the images for any lawful and reasonable purpose. Any changes to this release must be notified in writing. This release is executed as an agreement and governed by law in force in the state of school residence, Australia.

Release Statement

I, on behalf of the student \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print student name) represent and warrant that I give any necessary permissions to take and release the photographs of the property and children involved.

Parent/Guardian signature:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian name (please print):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian contact number:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**MSO String Ensemble 2021**

**Medical Information Form**

**Privacy Statement**

MSO collects personal information as requested on this form for the purpose of registering your child in the MSO String Ensemble program. This information will be used for registration and administration purposes, and to contact you in the event of an emergency. Your personal information will not be disclosed to any other party without your consent except where the release is required by law. You may request access and / or correction to your personal information that the MSO holds about you, by contacting the staff member listed below:

Sylvia Hosking

Schools Program Manager

Email: [schools@mso.com.au](mailto:schools@mso.com.au)

Mobile: 0417 521 078

All information provided is held in confidence and will only be used for the purpose of providing care in the case of a medical emergency. Should any of the information below change, please advise the Schools Program Manager immediately, as a lack of information or outdated information may compromise treatment and put your health at risk.

**1. Child’s Details**

Child’s full name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian full name:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Membership Details**

Medicare card number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare card reference number (appears next to child’s name on card): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare card expiry date:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ambulance Victoria Membership number, if a member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s full name:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s phone number:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Family Doctor’s clinic address:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Continued…

**3. Emergency Contact Details**

Who should we contact in a medical emergency?

Full name(s):   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to child:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Best phone number (mobile or home):  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. Medical History**

Does your child suffer from any condition(s)? Please tick all that apply:

No – no conditions

Heart condition

Diabetes

Seizures

Dizzy Spells

Asthma

Black outs

Migraine

Travel Sickness

Other (please describe): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child suffers from Asthma, Diabetes, or Anaphylaxis you must email a legible copy of the official Management Plan to [schools@mso.com.au](mailto:schools@mso.com.au) prior to the placement commencing.

Does your child suffer from any allergies? Please tick all that apply

No – no allergies

Penicillin

Nuts; if yes, which nuts? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other drugs (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other foods (please list): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If your child does suffer an allergy, are they at risk of anaphylaxis?

Yes, because of an allergy to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please note allergy)

No

Note: If your child is at risk of anaphylaxis, the child is required to carry 2 x EpiPens at all times during the placement.

Continued…

Does your child require/take medication? Please tick:

No – no medication required/taken

Yes – please give details:

Medication name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Dose: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Has your child received all immunisations relevant to their age? Please tick:

Yes

No

Unknown

Does your child have any dietary requirements? Please tick:

No – no dietary requirements

Yes (please give details): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**5. Parent/Guardian Declaration and Consent:**

I confirm all the above information is true and correct to the best of my knowledge. I will provide updates, and any additional information as necessary.

In the case of my child requirement medical treatment or in the case of a medical emergency, I consent to MSO staff providing first aid or treatment informed by the information provided and I further authorise MSO staff, where it is impracticable to communicate with me, to arrange for my child(ren) to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport, and drugs.

Signature of Parent/Guardian:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**END DOCUMENT**