



UHSC YOUTH SERVICES Excursion Permission Form

Excursion Details: Youth Week Event – Merriwa 2017

Dear Parent/Guardian, the following details relate to an UHSC Youth Services Youth Week Event

Excursion Details	
Excursion Outline:	Travel by bus from Scone to Merriwa, participate in youth week activities, return to MDI
Date:	Friday 21 st April 2017
Destination:	No.2 Oval Merriwa
Travel Arrangements	
Departure Time	2pm from Scone Youth Centre, Susan Street, Scone
Arrival back time:	Approx. 9:00pm
Youth Worker Details:	
Youth Worker In Charge	Carlie Brown
Mobile Phone	0439 090 891
Participant Details:	
Clothes / Equipment needed	Towel, change of clothes. Warm for the evening. Sunscreen
Cost per person	Event is free. Money for food or pack your own

PRIVACY STATEMENT

The personal information that Council is collecting from you is personal information for the purposes of the Privacy and Personal Information Protection Act 1998. The intended recipients of the personal information are officers within Council; data service providers engaged by Council from time to time; any other agent of Council.

The supply of the information is voluntary. If you cannot provide or do not wish to provide the information sought, Council will be unable to process your application.

You may make application for access or amendment to information held by Council. You may also make a request that Council suppresses your personal information from a public register. Council will consider any such application in accordance with the Act. Council is the agency that holds the information.

Enquiries concerning this matter can be addressed to the UHSC Public/Privacy Officer.



Participant Details for returning to Youth Workers

Return this section to Council or Youth Centre by 15/4/17 (Youth Week Event 21/4/17)

Name of Participant:	
Address:	
Home phone & mobile	
Medical conditions & medication	
Medicare Number:	
I give permission for the Upper Hunter Shire Council to use photographs of _____ in media releases and in other forms of publicity such as website and social media. Signed: _____ Date: _____	
In the event of an accident I give permission for my child to be administered First Aid and to be transported to hospital if necessary. I understand every attempt will be made to contact me before acting on this permission. Signed: _____ Date: _____	
Office Use Only: Please take only the Participant Details section of this form and TRIM with reference to Youth Services / Youth Week 2017 – Merriwa Event No payment required	