Apollo Bay Youth Group

Parent Consent Form

The Apollo Bay Youth Group is an initiative of Great Ocean Road Health (GORH), and is aimed at creating a safe space for young people to come together and socialise, participate in new activities, share a meal together and engage in an inclusive way. The Youth Group is being funded by the Anthony Costa Foundation.

The Apollo Bay Youth Group will run fortnightly during school terms in 2025 on Fridays from 3.15pm to 6.15pm at the Apollo Bay Youth Hall at 19-21 Moore Street.

The Apollo Bay Youth Group is for students in Years 7 to 12. Students can attend as many sessions as they wish, and do not need to book in from week to week. Participants are asked to contribute $5 per session, which is paid in cash on arrival.

We will mark an attendance roll each week. If your child attends, it is expected that they will remain at the Apollo Bay Youth Hall until 6.15pm. If your child needs to leave early, please text GORH's Lead Youth Worker, Toby Bucek on 0418 986 174. Our supervision of your child ends at 6.15pm, or sooner if they depart from the Youth Hall prior to 6.15pm.

A meal will be provided each week for Youth Group participants. A range of activities will also be arranged which students have the option to participate in. Activities may include such things as ball sports, music, cooking etc.

Please complete the details below and return this parent consent form either by email to info@gorh.vic.gov.au or in person at the start of the first Youth Group session attended by your child.

Students will be unable to attend the Youth Group until this consent form has been returned.

Contact Details

Child's Name

Date of Birth

Name of emergency Contact 1

Relationship to Child

Phone Number

Email Address

Name of emergency Contact 2

Relationship to Child

Phone Number

Email Address

Medical Information

Does your child have any dietary requirements? eg. vegan, vegetarian, gluten free

Yes ☐ No ☐

If Yes please list:

Does your child have any food allergies? A meal will be provided each week as part of the Youth Group

Yes ☐ No ☐

If Yes please list:

Does your child have any other allergies?

Yes ☐ No ☐

If Yes please list:

Does your child have any medical conditions or take any regular medication that we need to be aware of?

Yes ☐ No ☐

If Yes please list:

If your child has any medical management plans, please enclose a copy.

In case of emergency, ambulance transport will be arranged for your child. You will be required to cover the cost of any ambulance transport.

Do you consent to your child being transported to the Apollo Bay Hospital in a private vehicle should they need medical attention, not requiring ambulance transport?

Yes ☐ No ☐

Accessibility and Inclusion

Great Ocean Road Health is committed to ensuring that its programs accessible to all people. If your child requires any program modifications or has any specific needs, please let us know here:

Other Information

If there is further information that you feel is relevant to tell us in relation to the wellbeing of your child,

please let us know here:

Court Orders including Intervention Orders

Please provide details of any court orders that relate to your child.

Photographic Consent

Parent/Guardian and student give permission for photos of the student to be published:

☐ On social media

☐ On internal Great Ocean Road Health documents and funding acquittal paperwork

☐ Do not give consent for photographs of the student to be published

Parent/Guardian Name

Parent/Guardian Signature

Date

Please email completed form to info@gorh.vic.gov.au