

# Student Consent and Nomination Form

## Artmaking Workshops for Creative Arts Students

This workshop is coordinated by the Department of Education's The Arts Unit, in association with ARTEXPRESS. It aims to provide an opportunity for stage 5 and stage 6 Visual Arts and Photography & Digital Media students to experience a range of artmaking materials and techniques under the guidance of experienced Visual Arts teachers and gallery curators.

**Workshop location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Student Details

Nominated Student (Full Name) \_\_\_\_\_ Class \_\_\_\_\_  
 School \_\_\_\_\_ Teacher \_\_\_\_\_  
 Teacher Contact Number \_\_\_\_\_ Teacher Email \_\_\_\_\_  
 Student Home Address \_\_\_\_\_ Suburb \_\_\_\_\_  
 Post Code \_\_\_\_\_ Parent/Gaurdian Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 Home Contact Number \_\_\_\_\_ WorkContact \_\_\_\_\_ Mobile \_\_\_\_\_  
 Parent Email \_\_\_\_\_

### Parental/Guardian Consent

- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| • I hereby give consent to my child to participate in the above mentioned workshop. I understand I am required to organise transport for my child to and from the workshop venue.  | <input type="checkbox"/> | <input type="checkbox"/> |
| • I hereby consent to my child being photographed, recorded, and/or filmed during the excursion for publicity purposes.  | <input type="checkbox"/> | <input type="checkbox"/> |
| • I understand that photographs, recordings and/or films may be used for NSW Department of Education publications, external publications, internet sites, print and electronic mainstream media, television and/or other associated promotional material by sponsors of the Department of Education program in which the photograph, recording and/or film was taken. I understand that my child may be identified by their name and school in any of these media forms. | <input type="checkbox"/> | <input type="checkbox"/> |
| • I have completed the <b>Medical Information Form</b> over page, and I agree to contact the ARTEXPRESS Office should my child's health needs change between now and the workshop date.  | <input type="checkbox"/> | <input type="checkbox"/> |

**Parent/Carers Name** (please print In Full) \_\_\_\_\_

**Parent/Carer Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

### School and Principal Consent

I acknowledge that all parental consent has been granted (including publicity consent) for the above named student, from my school, who will be participating in the ARTEXPRESS Visual Arts Workshop. I agree to inform The Arts Unit prior to this event of any participating students and/or teachers whose permission, consent or medical information changes between now and the date of the workshop. I understand that the above named student is representing my school, and I will acknowledge the success of this student following their participation in this NSW The Arts Unit workshop.

**Principal Name** \_\_\_\_\_ **Principal Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Student Medical Information Form

Student Name \_\_\_\_\_ School \_\_\_\_\_

Workshop location \_\_\_\_\_ Date \_\_\_\_\_

This form requests relevant medical and health-care information about the student, who is currently enrolled to participate in The Arts Unit Visual Arts program. It will be used by officers of the Department of Education to assist in planning for the support of students and to minimise risks when participating in Visual Arts Workshops. Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with The Arts Unit or are otherwise involved in the planning or delivery of the workshops, exhibitions or other activities; and persons who may be called upon to provide health care treatment or other assistance during or as a consequence of such workshops, exhibition or activities. Provision of this information is not required by law, but, a failure to provide it may mean that your child cannot participate in all activities. Please update any information provided by contacting the ARTEXPRESS Project Officer on 02 9550 9121 or email [artexpress@det.nsw.edu.au](mailto:artexpress@det.nsw.edu.au)

## Medical Details

Medicare Number: \_\_\_\_\_ Private Health Care Number: \_\_\_\_\_

**Medical Conditions and Current Treatment:** Please list all existing medical conditions which could be of concern (including asthma, diabetes, epilepsy, allergies etc.), which may affect your child's ability to participate in the workshop. Outline the treatment for each. Attach additional sheets if required. **Parents of children who suffer from allergies which lead to anaphylactic shock are asked to contact ARTEXPRESS Project Officer before the date of the workshop.**

**List medication/s to be administered during these activities.** Include the name of medication, instructions for administration including dosage times and any possible reactions \_\_\_\_\_

**Date of last Tetanus injection** \_\_\_\_\_

**Outline any special dietary needs** and possible reactions to inappropriate diet \_\_\_\_\_

**Has your child attended a doctor for treatment of any serious illness recently?** Or within the last two year / five years (select one) If YES please give details: \_\_\_\_\_

**Is there any further information you feel is important regarding your child's participation in this workshop?**

Parent/ Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## Medical Contact Details

### Doctor Contact Details

Name \_\_\_\_\_ Contract Number \_\_\_\_\_

Address \_\_\_\_\_

### Emergency Contact Details

Person 1 Name \_\_\_\_\_ Person 2 Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Contact Number \_\_\_\_\_ Contact Number \_\_\_\_\_

Relation to Student \_\_\_\_\_ Relation to Student \_\_\_\_\_