



Privacy disclosure: This information is sought by the Parish of North Pine.

- This information is sought for the primary purpose of providing a safe environment for children with whom the Parish have contact.
- This information will be shared with only others significantly involved with child-related activities.
- You may seek access to this information if you wish.
- This information will be kept for a period of seven years.

Notice for Parents and Participant about the activity	Activity	City Scavenger Hunt
	Date of Activity	8-6-18
	Starting time	Meet outside ticket office at Petrie Train Station by 6:10pm
	Finishing time	Parents to collect children from station at 9:37pm
	Location address	From Petrie train station to Central station. <i>(Bring loaded Go Card, mobile phone plus 60c for Maccas ice-cream after the hunt.</i>
Transport arrangements	Name/s of driver/s	Graeme Aldom, Sharon Armstrong <i>(In case of emergency)</i>
	To activity	Train - depart Petrie 6:26pm; arrive Central 6:56pm
	From activity	Train - depart Central 9:07pm; arrive Petrie 9:36pm
	Mobile telephone	
Cost of activity	Total	<i>(Bring Go Card or money for train plus money for an ice-cream)</i>
	When paid	
	By whom	
Local contact person	Name	Graeme Aldom
	Mobile telephone	0403 014 335
	Telephone	
Activity leader	Name	Graeme Aldom
	Telephone	
	Mobile telephone	0403 014 335
Consent form	<p>As parent/guardian of, I.....</p> <p>Give my permission for him/her to take part in the activity outlined on this form.</p> <p>The leaders and instructors have my authority to take whatever action they consider necessary to ensure the safety and wellbeing of the group and/or individuals in the abovementioned activity.</p> <p>If my child becomes ill or is accidentally injured, the leaders may obtain on my behalf whatever medical treatment is deemed necessary. I will pay all such medical expenses.</p> <p>(If not already provided) I have attached information as requested about my child's health, including details of his/her limitations for the planned activity. My child's doctor and/or specialist may be contacted in an emergency.</p> <p>To the best of my knowledge, this information is accurate and gives details for the treatment of my child.</p>	
Signature		Date:
Child's declaration	I agree to show respect to leaders and the other participants and to co-operate with all lawful rules and instructions.	
Signature		Date: