



Medical Parental Consent Form

Name of child _____

In the event of illness, I give permission that the above named child can be given medical treatment where considered necessary by a trained first aid person, or by a suitable qualified medical practitioner. If I cannot be contacted and my child should require emergency hospital treatment, I authorize a qualified medical practitioner to provide emergency treatment or medication.

I have been made aware that Deep Sea World has developed a child protection policy and they are committed to ensuring the safety of my child by having:

- **A code of behavior – this can be found on our group booking sheet at reception.**
- **Guidelines on confidentiality**
- **Clear reporting procedures**
- **All group leaders will be in charge of each individual child within their group.**

I confirm that all details are correct to the best of my knowledge and I am able to give parental consent for my child to participate in and travel to all activities.

Signature _____ Parent/Guardian (Please circle)

Print Name _____

Date _____

Photo Release Form

I, the legal parent or guardian of the child named above, hereby give Deep Sea World and their legal representatives and assigns, the right and permission to publish, without charge, photographs taken at the fore mentioned event.

These photographs maybe used in publications, including electronic publications, or in audiovisual presentations, promotional literature, advertising, or in similar ways.

CIRCLE ONE:

Permission that any Photographs taken during the sleepover MAY/ MAY NOT be used.

Signature _____ Parent/ Guardian (Please circle)

Print Name _____

Date _____