CHILD INFORMATION FORM

CHILD EMPLOYMENT ACT 2003

If a child is to be employed in the entertainment industry, the employer must obtain personal information from a parent or guardian, as set out in the Mandatory Code of Practice for the Employment of Children in Entertainment 2014 (the Code).

A child may only start employment once the employer has obtained the required information from the parent/guardian.

Completing this form assists the employer to have the relevant information to protect the child’s health and well-being while they are employed.

The employer must treat all information provided confidentially in keeping with any obligations under Victorian and Commonwealth privacy laws. The information will be used only to assist the employer to meet their responsibilities under the Code to protect the safety, health and well-being of the child at work.

# Child information

Full name: Click or tap here to enter text.

Date of birth: Click or tap to enter a date.

Gender: Choose an item.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

Language spoken at home: Click or tap here to enter text.

# Parent/guardian information

## Parent/guardian 1

Full name: Click or tap here to enter text.

Relationship to child: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

Email: Click or tap here to enter text.

## Parent/guardian 2 (if applicable)

Full name: Click or tap here to enter text.

Relationship to child: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

Email: Click or tap here to enter text.

# Emergency contacts

In the event of a parent or guardian being unable to be contacted, provide the details of any other persons the employer may notify in the event of any accident, injury, trauma or illness involving the child, who may also be able to collect the child or consent to the medical treatment of the child.

## Emergency contact 1

Full name: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

## Emergency contact 2

Full name: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

# Authorised persons

An employer must ensure that a child aged less than 13 years is collected or taken home by an authorised person after work. By exception and written consent, the same conditions apply to a child aged 13 years or older.

Please provide details of all persons authorised to collect the child from work. Note that this list may be added to or changed at any time in writing and may include the employer, if the employer provides the transport.

Person(s) listed in emergency contacts section above

Other person(s) as listed below

## Person 1

Full name: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

## Person 2

Full name: Click or tap here to enter text.

Home address: Click or tap here to enter text.

Primary contact number: Click or tap here to enter text.

Secondary contact number: Click or tap here to enter text.

# Medical and health information

Name of doctor/medical or maternal child health service: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone number: Click or tap here to enter text.

## Medical conditions and allergies

Please provide details of any known conditions (for example, asthma, epilepsy, vision/hearing impairment) or allergies (for example, paracetamol, ibuprofen):

Click or tap here to enter text.

Please provide details of any special care required while the child is at work, including emergency procedures as appropriate:

Click or tap here to enter text.

Please provide details of any regular or ongoing medications, including any medication to be administered at work, the required dosage, and the person(s) authorised to administer the medication:

Click or tap here to enter text.

Has the child been immunised in accordance with standard medical guidelines against childhood illnesses?

Yes  No

Date of the child’s last tetanus immunisation: Click or tap to enter a date.

## Dietary restrictions

Please provide details of any special dietary needs (including allergies):

Click or tap here to enter text.

## Other relevant information

Please provide details of anything else the employer should know about the child (e.g., excessive fears, food preferences, favourite activities):

Click or tap here to enter text.

# Declaration and consent to emergency medical treatment

I, Click or tap to enter parent/guardian full name, advise Click or tap to enter name of employer that I, a person of lawful authority (parent or legal guardian) of the child named in this Child Information Form:

* declare that the information in this form is true and correct and undertake to immediately inform the employer in the event of any change in this information
* declare that there are no court orders affecting my power or responsibilities in relation to the child
* declare that the child is not suffering from any illness or medical condition that would affect their ability to engage in work
* agree to collect or arrange for the collection of my child if they become unwell
* agree to notify the employer immediately if the child contracts or is exposed to any infectious illness or condition that may pose a risk to the health of others
* consent to the employer or the staff of the employer obtaining appropriate medical or emergency treatment for the child if no parent or guardian can be contacted at the time
* acknowledge and accept that circumstances may occur when it is necessary for the employer or the staff of the employer to arrange immediate medical treatment in an emergency, including but not limited to on-site treatment, hospitalisation, surgery and the administering of anaesthetics
* authorise the employer or the staff of the employer to act in such circumstances with the best interests and welfare of the child in mind.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap to enter a date.

# Privacy statement

A parent or guardian may view this form and may seek to correct any error or omission in the information.

The information provided may be viewed and used by the employer named in the relevant Child Employment Licence and other appropriate persons who have responsibility for the child while they are working.

It may also be viewed by authorised officers appointed under the Child Employment Act 2003 for the purpose of ensuring compliance with the Child Employment Act 2003, the Child Employment Regulations 2014, and the Mandatory Code of Practice for the Employment of Children in Entertainment. The information contained in the form will not be provided to any other person without your consent or used for any purpose other than ensuring the well-being of your child.

After the required period of retention by the employer, this form will at the parent's/guardian's option be returned, destroyed, or retained in a secure manner by the employer in their files in anticipation of future employment of the child.

I agree to the employer securely destroying this form

I request that the form be returned to me

I agree to the employer retaining the completed form in their records in anticipation of future employment of the child. I understand that in selecting this option it is my responsibility to ensure that the information on the retained form is current and to request a new form to be completed if changes are required.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap to enter a date.

## Employer acknowledgement

Date received: Click or tap to enter a date.

**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Click or tap to enter a date.