



WESTERN  
AUSTRALIAN  
MUSEUM

## Children in Care Consent Form

### Activity information

**Activity name**

**Date of activity**

/ /

☐ AM session

☐ PM session

☐ Full-day

**Location**

WA Maritime Museum , WA Shipwrecks Museum

### Child details

**Full name of  
child**

(one child per form)

**Age** (years months)

### Parent / Guardian contact details

**Full name**

**Relationship to  
child**

**Address**

**Mobile**

### Care of your child

**Please note any special needs or access requirements for your child:**

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**Please note any relevant medical information:**

Include details of any allergies and / or medications the child is currently taking or may require.

NB: Museum staff do not assume responsibility for administering medication. This information may be required in case of emergency.

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Emergency contact	
Full name	
Relationship to child	
Address	
Mobile	
Acceptance of conditions	
<input type="checkbox"/> I understand and accept the Terms and Conditions overleaf.	
<input type="checkbox"/> I understand that an authorised adult must return to WA Maritime Museum to attend to and / or collect my child should I be requested to do so by Museum staff.	
<input type="checkbox"/> I consent to medical treatment being obtained for, and provided to, my child in an emergency.	
<p>I hereby give permission for my child (as detailed above) to participate in the above designated activity led by the Western Australian Museum at the WA Maritime Museum and WA Shipwrecks Museum.</p> <p><b>Parent / Guardian full name:</b></p> <p>_____</p> <p><b>Signature:</b> <span style="float: right;"><b>Date:</b></span></p>	

## Terms and Conditions

I confirm that I am the parent / guardian of the participating child and I understand / confirm that:

1. The Western Australian Museum is following Government advice in relation to COVID-19. Should the Museum be required to amend its operations such that it impacts on your child's booking, we will contact you. In case of cancellation, where possible an alternate booking will be made, or a full refund offered.
2. My child does not have a fever, cough, sore throat, runny nose, shortness of breath, or loss of smell or taste. If my child has any of these symptoms, they will not attend the Museum.
3. My child will practise good hygiene including application of hand sanitiser; washing hands with soap for at least 20 seconds and drying thoroughly; covering coughs and sneezes with a tissue or using the inner elbow; and practising physical distancing from other groups when in the Museum.
4. Participants must be signed in and out of this event by an authorised adult. If the authorised adult is not a legal parent / guardian, I will provide the name and contact information of the authorised adult using the Authorised Adult form to WA Maritime Museum prior to the day of the activity.
5. I will provide two mobile phone contacts prior to the event or at sign in. These numbers will be contactable throughout the activity.
6. If a participant's behaviour puts themselves or others at risk, they will be removed from the program and the parent / guardian or authorised adult will be required to collect the child in a timely manner upon request.
7. Should a participant be unable to complete the program for any reason, the parent / guardian or authorised adult will be required to collect their child in a timely manner upon request.
8. Participants must wear closed shoes. They should also bring weather appropriate clothing / accessories.
9. Participants may enter areas or come into contact with surfaces that may have been exposed to nuts, nut products, fur or other potential allergens.
10. Participants should supply food for the day and bring a refillable drink bottle. There is no refrigeration or cooking / heating equipment available for participant use.
11. Nuts and / or nut products should not be included in participant lunches / snacks.

I indemnify and release the Western Australian Museum, the State of Western Australia, their employees or agents, from and against all actions, suits, claims and demands (including costs) for personal injury or property damage suffered by my child that may be incurred as a result of my child's participation in the designated activity.