



Consent Form – SKiP Pain Education Program

Parent's Information	
Parent / Legal Guardian's Name:	
Address:	
Phone:	
Email:	
Child's Information	
Child's Name:	
Date of Birth:	
Medical Summary	
Medical Conditions: <i>Please list all known medical conditions including food allergies and/or drug allergies</i>	
Medication: <i>Please list over-the counter and/or prescription drugs taken regularly</i>	
Child's Pain Journey: <i>Please list a timeline with key dates outlining when the pain started, what you tried, who you saw and other information you think we should know about your child's pain to date.</i> <i>Please attach an additional page if needed.</i>	



Privacy Statement

Support Kids in Pain (SKIP) will collect and store the information you voluntarily provide to enable treatment and also to prepare statistical analyses of the programs that it is undertaking. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. Any information provided by you will be stored on a data base that will only be accessed by authorised personal and is subject to privacy restrictions. This information will only be used for purposes for which it was collected.

SKIP promotes consistent adoption of information security practices to proactively address risks and threats to patient data, and has developed cyber security measures to protect against unauthorised access, use, disclosure, or breach of privacy. SKIP uses a risk-based and patient-centric approach to protect confidentiality, integrity and availability of information assets, while protecting patients, staff and the organisation from privacy threats.

Whilst SKIP takes every effort available to it to protect patient data, it cannot give a warranty that its data protection systems are immune from hacking or other unauthorised access by persons engaging in fraudulent activity and employing sophisticated techniques to breach SKIP's cyber security protection mechanisms. Accordingly you agree that SKIP will not be held responsible by you for any unauthorised access to patient data by persons employing fraudulent cyber methods. Where any data breach occurs, SKIP undertakes to:

- a) notify you of the occurrence of the breach;
- b) notify you as to what information may have been accessed by unauthorised persons; and
- c) take whatever steps are available to it to close down and remediate the unauthorised access and report this to regulatory authorities.

Risk Warning

I agree for my child/ward to attend at the premises at which SKIP is conducting its program and to undertake all activities and/or participate in the above program.

In the case of an emergency, I authorise the program staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is enrolled with the program.

I understand that although SKIP's service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken in the program and I accept that risk.

Media Release

At SKiP, we aim to make the pain education journey as fun and engaging as possible, so that children



can be proud of what they have learnt and accomplished during the course of the program. Occasionally, our team will record the children’s accomplishments by taking photographs of an activity. The purpose of this is so that the children can be inspired by what they have achieved and also to show other families and donors what our programs are like.

When using these photographs for promotional purposes, we are extremely careful to make sure that no identifying information is included. This is to protect the privacy of the child and their family.

As a not-for-profit organisation, we are reliant on funders to ensure the viability of our programs. We find that being able to *show* potential donors how we operate is almost as powerful as the outcome data we present, which is why we ask all families to carefully consider giving us their media consent.

If there is a situation which makes giving permission difficult for you, please feel free to contact us at info@skip.org.au.

Yes / No I consent to allow SKIP to use any photograph, sound and film recordings taken of my child at this program for the promotion of its services and initiatives to the media and to the general public.

Yes / No I consent to allow SKIP to collect data relating to its clinical research and treatment concerning my condition and I consent to the limited use of such data for medical publications, medical presentations and for the obtaining of grants to fund SKIPs ongoing programs provided however that confidentiality is maintained about my identity and address.

Signature:	
Date:	