**[NOTE FOR I CAN SCHOOL CONTACT: THIS IS TEMPLATE FOR YOU TO USE FOR YOUR SCHOOL’S EXCURSION FORMS ON COMPASS]**

May 2025

Dear Parent/ Guardian,

**I CAN EXPO 2025**

We write to inform you of 9th October’s ‘I CAN Expo’ event. This will be a student-led expo run by I CAN Network for Autistic/ Neurodivergent students from the I CAN mentoring programs, who will have the opportunity to present their interests and unique skills.

The in-person I CAN Expo 2025 event will take place on **Thursday 9th October 2025 at Melbourne Convention and Exhibition Centre (Level 2), 1 Convention Centre Pl, South Wharf VIC 3006**

**from 9:30am until 2.30pm AEDT.** Please see the enclosed consent/ registration form.

Your child, as a participant in our mentoring program, has the opportunity to represent our school at the I CAN Expo which will connect students from I CAN Schools across Victoria. The 2025 Expo will foster initiative, team-building, connection and confidence in the students who attend.

On a logistical level, students will need to be accompanied into the city by a parent/ teacher during the morning of Thursday 9th October 2025. Please note: there is no cost for your child’s participation in the I CAN Expo.

If you have any queries about this excursion please contact the supervising teacher (INSERT NAME) at (INSERT EMAIL).

Thank you for your support.

Yours faithfully,

Name

Position

School

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**I CAN EXPO 2025: REGISTRATION FORM**

*Please return this form by <DATE> to <TEACHER>*

* This form is to give permission for your child to attend an I CAN Network event; and
* To provide medical information that might be needed in case of emergency.
* All information is held in confidence.

| EVENT DETAILS |
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| Time & Date | Thursday 9th October 2025,: 9.30am until 2.30pm AEDT |
| Location: | Melbourne Convention and Exhibition Centre (Level 2). 1 Convention Centre Pl, South Wharf VIC 3006 |
| Description: | Event for students across I CAN Network’s primary and secondary mentoring programs. Event will feature student-led presentations or exhibits on individual Autistic talents and strengths.  |
| Supervisors: | School teachers, I CAN mentors and parents |

X

X

| CHILD’S DETAILS (PLEASE USE CAPITALS) |
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| **Child’s Preferred Name:****Child’s Pronouns:** | **School:**  |
| **Home Address (please include postcode):**  | **Date of Birth:**  |

**X**

**X**

| PARENT/ CARER/ EMERGENCY CONTACT DETAILS (PLEASE USE CAPITALS) |
| --- |
| **NAME** | **RELATIONSHIP** | **MOBILE** | **EMAIL** |
| 1. |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |

X

| MULTIMEDIA CONSENT |
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| As part of the I CAN program we may take photographs or videos, or collect written comments or audio, of activities in which your young person is involved. The photos, videos, written comments and audio may be used to promote the I CAN Network in our publications, leaflets, as well as our website, blog and social media and for our inaugural I CAN Network program celebration I CAN Expo 2025 (9th October 2025) which takes place at an in-person location in Melbourne and via [www.youtube.com/theicannetwork](http://www.youtube.com/theicannetwork). Consent will be deemed indefinite until revoked. Under [I CAN Network Ltd’s Privacy Policy](https://icannetwork.online/wp-content/uploads/2021/09/I-CAN-Network-Ltd-Privacy-and-Health-Information-Policy-2021.pdf), I can opt out of my/ my child’s preferred name, video image/ recording, written comments and audio being used for I CAN Network’s social media/ marketing and I CAN Expo 2025, at any time, by emailing the Privacy Officer at privacy@icannetwork.com.au. Photographs and media are classified as personal information under the *Information Privacy Act* 2009. The I CAN Network respects your privacy and therefore requests your permission to photograph and/ or video your child. The image(s) and recordings will remain the property of the I CAN Network. It will be assumed that your consent is given for an indefinite period of time or until you withdraw your authorisation.It should be understood that material published on the Web will be accessible to people worldwide and that the information can be copied and used by any Web user. I CAN Network Ltd has no control over the subsequent use and disclosure of information on its website once that information is published.Parents/ caregivers and participants are requested to sign this form as part of the registration process.  |
| **Declaration**I give consent for my child to be included in photos, video or multimedia for the I CAN Network:Please circle **YES** **NO** |

| HEALTH PRACTITIONER DETAILS |
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| **DOCTOR:**  | **PHONE:**  | **ADDRESS:**  |
| **MEDICARE NO:** | **PRIVATE HEALTH FUND:** |
| **NO:** |

| HEALTH INFORMATION |
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| What year did your child last receive an anti-tetanus injection/ booster? |  |
| In the event of your child requires the administration of an analgesic (eg. Panadol), do you HEREBY CONSENT to your child being given the recommended dosage of Paracetamol or Panadol? | Please circle **YES NO** |
| I hereby authorise the I CAN Network leaders and facilitators, in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby Consent to such treatment. | Please circle **YES NO** |
| Please specify any allergies  |
| Please specify any special care that is recommended |
| Please specify any other relevant information |

| MEDICATIONS |
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| Will your child be bringing medications to the I CAN Expo 2025?  | Please circle YES NO |
| If **YES,** please state name of medication, dosage, etc (NB: If there’s more than one medication, we will send you a separate Medications Form) |
| All medicines must be handed to the teacher upon arriving at school to travel to the Melbourne Convention and Exhibition Centre, 1 Convention Centre Pl, South Wharf VIC 3006.* Your child’s name, the dose to be taken and when it should be taken between 9.30am – 2.30pm. These medicines will be kept by the school staff member and distributed as required.
* Please do not allow your child to keep any medicine while at the I CAN Expo 2025.
* If it is necessary for your child to carry their own medication, e.g. for asthma, it **MUST** be with the knowledge and permission of the teacher.
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| CONSENT |
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**Participation:**

I consent to my child’s participation in the I CAN Expo 2025 event. I have been informed by the school and I CAN Network of the arrangements made for the conduct of this program.

**Expenses:**

I agree to my child’s returning home if necessary in the event of illness, injury or non-cooperation, and to pay any expenses involved, or to come and collect my child from the Melbourne Convention and Exhibition Centre, 1 Convention Centre Pl, South Wharf VIC 3006.

I agree to reimburse I CAN Network for any wanton damage caused by my child.

I agree to reimburse I CAN Network for any hospital, medical or ambulance expenses incurred by I CAN Network on behalf of my child.

**Signature of Parent/Guardian. …………………………………………………………**

**Date …………………………………**