

# PARENTAL CONSENT FOR CHILDREN TO PARTICIPATE



| Child or young person's details                                                                     |                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Last name                                                                                           |                                                                                                                                                                         |
| First name                                                                                          |                                                                                                                                                                         |
| Date of birth                                                                                       | / / (day/month/year)                                                                                                                                                    |
| Age                                                                                                 |                                                                                                                                                                         |
| Gender                                                                                              |                                                                                                                                                                         |
| Does the child or young person identify as Aboriginal or Torres Strait Islander?<br>(Optional)      | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                                                                                                             |
| Is the child or young PERSON from a culturally and linguistically diverse background?<br>(Optional) | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If 'Yes', what language(s) are spoken at home?                                                           |
| Does the child or young person have a disability or additional support needs e.g. medical?          | <input type="checkbox"/> Yes<br><input type="checkbox"/> No<br>If 'Yes', please provide information in relation to your child's health and/or additional support needs? |

| Parent or guardian permission                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I ..... consent to my child .....attending<br>..... from ..... to ..... on weekdays/weekends<br><br>I consent to my child/young person joining and leaving the program themselves <input type="radio"/><br>Or<br>I will accompany my child /young person to the program and back <input type="radio"/><br><br>Signature of parent/guardian: .....<br>Name of parent/guardian: .....<br>Address: .....<br>Home phone: ..... Mobile phone: .....<br>Email: .....<br>Date: .....<br>Emergency Contact:.....Mobile Phone:..... |

I..... [child/young person's name] consent to participate in  
 .....