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? (Optional)	☐ Yes ☐ No
Is the child or young from a culturally and linguistically diverse background? (Optional)	☐ Yes ☐ No 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?	☐ Yes ☐ No If 'Yes', please provide information in relation to your child's health and/or additional support needs?

I ..... [*parent/guardian's name*] consent to my child..... [*child/young person's* name] attending ..... [*name of the program*] from ..... [*start time/date*] to ..... [*end time/date*].

Signature of parent/guardian:
.....

Name of parent/guardian:
.....

Address:
.....

Home phone: ..... Mobile phone:
.....

Email:
.....

Date:
.....

Child or young person consent to participate

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

.....

Signature of child/young person:
.....

Name of child/young person:
.....

Address:
.....

Home phone: ..... Mobile phone:
.....

Date:
.....