

# Consent to participate

## Consent to participate in programs, activities and events (without parental attendance)

It is advisable to provide a comprehensive description of the program, activity or event, to enable parents and guardians to provide informed consent, and to enable parents and guardians to discuss the characteristics or requirements of the program, activity or event with the child or young person.

Consent forms may include the following information:

- description of the program, activity or event
- location/venue
- start time and end time
- transportation arrangements
- food and refreshment provision
- dress code (e.g. outdoor adventure activities)
- safe participation information (e.g. access to venue)
- equipment requirement (e.g. sunscreen, hat, water bottle)
- supervision arrangements (e.g. including names of supervising adults)
- requirement to inform the organisers of medical conditions, food allergies and intolerances and additional support needs
- pick-up arrangements
- RSVP date.

Consent forms may also provide children and young people with an opportunity to provide consent, alongside permission from their parent(s) or guardians (s).

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)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child or young from a culturally and linguistically diverse background? (Optional)	<input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', what language(s) are spoken at home?

# Consent to participate

Does the child or young person have a disability or additional support needs e.g. medical?	<input type="checkbox"/> Yes <input type="checkbox"/> No  If 'Yes', please provide information in relation to your child's health and/or additional support needs?
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## Parent and/or carer contact information

Parent/carer 1	
Last name	
First name	
Address	
Telephone	Home:
	Work:
	Mobile:
Email address	
Parent/carer 2	
Last name	
First name	
Address	
Telephone	Home:
	Work:
	Mobile:
Email address	
Nominated emergency contact 1	
Last name	
First name	
Address	
Telephone	Home:
	Work:
	Mobile:
Relationship to the child or young person	

# Consent to participate

Telephone	Home:
<b>Nominated emergency contact 2</b>	
Last name	
First name	
Address	
Telephone	Home:
	Work:
	Mobile:
Relationship to the child or young person	
Telephone	Home:

## Medical and/or additional support information

<b>Medical Practitioner – emergency contact information</b>	
Last name	
First name	
Clinic	
Address	
Telephone	Contact:
	Mobile:
Email address	
<p><b>Please provide any medical and/or additional support information to support your child's safe participation in this program/activity/event.</b></p> <p><b>For example: asthma management plan, diabetes, food allergy and intolerances, anaphylaxis management plan, disability support</b></p>	

# Consent to participate

I have attached a documented plan to support any medical and/or additional support needs of my child.

I have provided ..... [insert child's name] with medication (in original packaging) and consumables required to administer the medication including a dosage pharmacy information label to ensure that my child is provided with their medication when required.

My child is able to manage their own health condition and has my permission to carry and self-administer their medication.

**Medication details**

*Medication 1*

Name of medication ..... *please print*

Dosage..... *please print*

Storage requirements ..... *please print*

Special instructions for administering medication: ..... *please print*

Expiry date of medication..... *please print*

*Medication 2*

Name of medication ..... *please print*

Dosage..... *please print*

Storage requirements ..... *please print*

Special instructions for administering medication: ..... *please print*

Expiry date of medication..... *please print*

*(add additional fields for additional medications)*

**Provision of medical treatment**

In the event that you are unable to communicate with me (or my nominated emergency contacts), I consent to my child receiving such medical or surgical treatment as may be deemed necessary and I agree that any such treatment will be at my expense.

**Parent or guardian permission**

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 .....

# Consent to participate

Signature of child/young person: .....  
Name of child/young person: .....  
Address: .....  
Home phone: ..... Mobile phone: .....  
Date: .....



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Safeguarding Unit  
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