

## Get with the Program parent/guardian/carer consent form

**Civic Centre**  
165 Sir Donald Bradman Drive  
Hilton, SA 5033  
**Tel** (08) 8416 6333  
**Fax** (08) 8443 5709  
**Email** csu@wtcc.sa.gov.au  
**Website** westtorrens.sa.gov.au



This form must be completed for young people aged between 10 and 17 to attend events and activities unaccompanied. Children aged 9 and under must always be accompanied by a parent, guardian or carer at all times and therefore do not require a consent form.

Please return completed forms to the Hamra Centre Library, 1 Brooker Terrace, Hilton. Write on your completed form 'Attention: Tom - Community Development Officer'.  
For more information contact 8416 6333.

### 1. Participant's details

Given name:	Family name:
Address:	
Suburb:	Postcode:
Telephone:	Mobile:
Date of birth:	

### 2. Emergency contact information - please provide two contacts

Given name:	Family name:	
Address:		
Suburb:	Post code:	
Telephone:	Mobile:	Email:
Relationship to participant:		
Given name:	Family name:	
Address		
Suburb:	Post code:	
Telephone:	Mobile:	Email:
Relationship to participant:		

### 3. Medical information

List any medical conditions that may impact on your participation (eg allergies or disabilities):

### 4. Medication and dietary requirements

List any prescribed medication or any specific dietary requirements that the program organisers should be aware of:

## 5. Consent

**If you are under 18 years of age, you will require parent/guardian/carer permission to participate in the program. Please ask them to complete the section below:**

I give permission for \_\_\_\_\_ to participate in the school holiday workshops as indicated. I understand that it is my responsibility as a parent/guardian/carer to arrange appropriate transport to and from the programs.

In the event of any accident or illness sustained by \_\_\_\_\_, I authorise staff from the City of West Torrens to obtain any emergency medical attention or ambulance (including the administration of any anaesthetic or drug by a registered medical practitioner and which is considered necessary or expedient) and agree to pay all medical expenses incurred as a result.

Parent/guardian/carer name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /

**Disclaimer:** The City of West Torrens and all the participating partners take no responsibility for any death, injury, or damage to any person or property involved in the program.

## 7. Permission to use photographs

The City of West Torrens requests your permission to use photographs taken on behalf of Council for use in Council publications. These include formats such as Talking Points, Annual Report, brochures and electronic formats such as Council's website (not social media sites).

Yes I give permission for photographs of myself and/or members of my family to be taken and used in Council publications including Council's website.

Yes I give permission for photographs of myself and/or members of my family to be taken and used in Council publications but **not on** Council's website.

Parent/guardian/carer name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: / /