

Parent/guardian/carer consent form

Civic Centre
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Please complete and return to Tom (*Community Connections Officer*), Emma (*Youth Services Officer*) or Mel (*Children's Services Officer*), City of West Torrens.

For more information contact 8416 6333.

1. Participant's details - *Required for young people aged 10-17 that are unaccompanied.*

- This form is not required if young people aged 10-17 are accompanied by an adult.

- Note that children aged 9 and below must always be accompanied by an adult.

| | |
|----------------|--------------|
| 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):

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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: / /