

Safeguarding activity consent form

Date:

Dear Parent/Guardian

On _____ we will be doing the following activity: _____

as part of our Center program.

The aims of the activity are: _____

Activity details:

Details (including description, date, times, location/s and costs):

Relevant details of risk assessment and strategies:

Name of group leader/s: _____

Transportation details (Note parent/guardian must provide explicit consent for private transport arrangements):

Any additional precautions (e.g. sunscreen, hats, water bottles, insect repellent etc): Any additional information relevant to students with medical requirements (e.g. due to conditions such as diabetes, asthma, travel sickness, allergies or anaphylaxis):

For further information about the activity, please contact _____ on _____

(Phone number/Email).

Yours sincerely

Name and position

Privacy notice

NWQICSS is collecting the personal information requested in this form in order to:

- obtain lawful consent for your child to participate in the activity;
- help coordinate the activity; and
- respond to any injury or medical condition that may arise during, or as a result of the activity.

The information will only be accessed by authorised staff and will be dealt with in accordance with the confidentiality requirements of the Information Privacy Act 2009 (Qld).

The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given NWQICSS permission (in writing) for the information to be disclosed.

Consent

By signing this form I agree that:

- I have read all of the information contained in this form in relation to the activity (including any attached material).
- I give consent for my child, _____ (name/s) to participate in the _____ activity on _____ (date).
- In the event of an accident or illness, activity leaders may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I have provided all relevant details of my child's medical or physical needs, and any additional information is provided below.

Parent/Guardian Name: _____ (Please print)

Parent/Guardian Signature: _____ Date: ____/____/____

Additional medical information

Please give full details of any new or updated medical information which may affect your child's full participation in the activity described in the form (provide additional documents if necessary).

You may also wish to provide the following optional information*:

Name of child's medical practitioner:

Telephone No.:

Medicare No.:

Private Health Insurance Company (if applicable):

Membership No.: