YOUNG PEOPLE ADVISORY GROUP
Parent/Guardian Consent Form

I

(*please print name of parent)*

declare that I have legal responsibility for

(*please print name of child)*

and I am legally competent to give consent to his/her participation in the <*name of group/council e.g. Young People Advisory Group 2012*>.

In giving my consent, I:

1. Am happy for my child to participate in the <*name of group/council e.g. Young People Advisory Group 2012 (the Group)*>.
2. Have discussed participating in the Group with my child and confirm that they are willing to participate.
3. Understand the role my child will play in the Group and the time involved.
4. Have read and understood the expectations, roles and responsibilities required of my child as a member of the Group.
5. Am aware that comments made by my child will be used to inform the <*organisation’s name*> <*state what it will inform e.g. advocacy work for children in NSW*>.
6. Have completed the attached forms for photographic consent and authorised emergency contact people, my child’s special needs, and authorised required medical treatment.
7. Am aware that my child will be paid <*state what they will be paid e.g. the standard NSW Government sitting fee of $207 for a full day and $104 for a half day*> for each meeting attended.

### Details of Parent/Guardian

Name

Signature

Date Phone

## Emergency details

In case of an emergency involving my child please contact

|  |  |  |
| --- | --- | --- |
|  | **Person 1** | **Person 2** |
| Name |  |  |
| Relationship to child |  |  |
| Address |  |  |
| Home phone |  |  |
| Work phone |  |  |
| Mobile |  |  |
| Email address  |  |  |
|  |  |  |
| **Person/s authorised to collect my child (if different to above)**  |
| Name |  |  |
| Relationship to child |  |  |
| Address  |  |  |
| Home phone |  |  |
| Work phone |  |  |
| Mobile  |  |  |
| Email address |  |  |

## Special Requirements

Please advise us if your child has special health (including medication and chronic conditions), dietary or mobility requirements.

My child has the following special requirements:

|  |
| --- |
|  |

The <*organisation*> cannot take responsibility for administering medication, but we can give assistance that young people may require (for example if young person requires a nebuliser). With medication, please provide the type, dosage and time to be taken. If this changes, please advise the <*organisation*> in writing.

I authorise the <*organisation*> to seek any medical treatment that my child may need in the event of an accident or emergency.

### Details of Parent/Guardian

Name

Signature

Date Phone