

**Permission / Consent Form**

***OUR COMMITMENT TO SAFETY AND WELLBEING***

*The Salvation Army is committed to providing a safe and inclusive environment for all. A space where everyone can feel respected, safe, valued, and encouraged to be their best.*

***NOTE: This form is only to be used for under 18s and people under guardianship participating in onsite or offsite day trips.***

***A more detailed form is required for overnight activities or camps.***

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| --- | --- | --- | --- | --- |
| Site / Corps Name | *type here* | Program / activity name | | *eg. Youth Group 2023* |
| Dates or days | *eg. Friday nights: School Terms 1-4* | | Time | *eg. 7pm – 10pm* |

**PROGRAM / ACTIVITY OUTLINE – Completed by Program / Activity Leader**

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| --- | --- |
| Onsite Activities | *Enter address of site* |
| Offsite Activities | *eg. Once per term on MS Teams platform* |
| Online Activities | *eg. Once per term on MS Teams platform* |
| High Risk Activities | *eg. Swimming, playground equipment, bike riding*  *(Other activities such as rock climbing or laser tag will require additional venue consent forms)* |
| Group Leaders | *List name/s* |
| Group Assistants | *List name/s* |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **PARTICPANT 1 INFORMATION** | | | | | | | | | | | |
| First name | | *type here* | | Family name | *type here* | | | Preferred Name | | *type here* | |
| Date of birth | | *choose date* | | School Year (grade)  VET or work status | | *type here* | | Gender | *type here* | | |
| Street | *Steet number and name* | | | | Suburb | | *type here* | | Postcode | | *number* |
| Primary languages spoken? | | | *type here* | | | | | | | | |
| Is language assistance needed? | | | No  Yes  Other *type here* | | | | | | | | |

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| --- | --- | --- | --- |
| Does the participant have any allergies? | | No  Yes | |
| If Yes. What are they allergic to and what is their allergic response? *(eg. peanuts – anaphylaxis, eggs – vomiting)* | | | |
| *please describe* | | | |
| Does the participant have any pre-existing or current medical conditions? | | | |
| None  Asthma  Diabetes  Heart condition  Epilepsy or blackout | | | |
| Other | *please describe* | | |
| Provide information about any medications that we many need to consider in an emergency or as part of our program planning *(only disclose things that are important for activity planning and consideration in an emergency)* | | | |
| *please describe* | | | |
| Is a medical action plan or behaviour management plan required for this participant? | | | No  Yes |
| To ensure the activity goes well for all, is there any other support that would be helpful for this participant, or information that many be important for us to know? | | | No  Yes |

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| --- | --- |
| Are there any relevant legal custody matters, orders, or supervision restrictions current or pending? | No  Yes |

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| **REGISTER OTHER PARTICIPANTS FOR THIS PROGRAM / ACTIVITY** | | |
|  | | |
|  | **PARTICIPANT 2** | **PARTICIPANT 3** |
| First name | *type here* | *type here* |
| Family name | *type here* | *type here* |
| Preferred Name | *type here* | *type here* |
| Date of birth | *choose date* | *choose date* |
| School Year (grade) | *number* | *number* |
| Gender | *type here* | *type here* |
| Address | *type here* | *type here* |
| Any allergies? | No Yes | No Yes |
| Allergy to, and response? | *eg. peanuts - anaphylaxis, eggs - vomiting, dust mites - asthma* | *eg. peanuts - anaphylaxis, eggs - vomiting, dust mites - asthma* |
| Medical conditions | None  Asthma  Diabetes  Heart Condition  Epilepsy or blackout  Other (describe below) | None  Asthma  Diabetes  Heart Condition  Epilepsy or blackout  Other (describe below) |
| Other medical conditions | *please describe* | *please describe* |
| ***Please enter information below ONLY if it is important for activity planning and in case of an emergency*** | | |
| Medications | *please describe* | *please describe* |
| Medical action plan | No Yes | No Yes |
| Behaviour Plan | No Yes | No Yes |
| Other supports or info | *please describe* | *please describe* |
| Relevant legal matters | No Yes | No Yes |

**PARENT / GUARDIAN CONTACT DETAILS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name | *type here* | | | | Family name | *type here* |
| Relationship to participant | | *eg. Mum, Dad, legal guardian* | | | | |
| Phone number | *number* | | Email | *type here* | | |

**SECONDARY EMERGENCY CONTACT DETAILS**

*(This person will only be contacted in case of an emergency if the parent / guardian cannot be contacted)*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First name | *type here* | | | | Family name | *type here* |
| Relationship to participant | | *eg. aunt, neighbour, friend, relative* | | | | |
| Mobile number | *number* | | Email | *type here* | | |

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| **PERMISSIONS AND AGREEMENT** |
| **PARTICIPANT BEHAVIOUR** |
| The behavioural expectations of the program for all participants are as follows. They agree to:   * Not take photos or screenshots of others without their permission * Treat everyone fairly and listen to their views * Speak and act respectfully toward others and support all in the group to have fun * Follow any behavioural or safety directions given by the group leaders / assistants |
| I have spoken to the participant/s named on this form to make sure they understand the behavioural expectations |

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| **PARENT / GUARDIAN PERMISSIONS** |
| I give permission as parent or guardian for the participant/s named on this form to take part in the overall activities of this program |
| I give permission for the participant/s to be transported in The Salvation Army vehicles or private cars to attend off site activities according to the activity schedule, The Salvation Army policy / procedure and as agreed with the activity leaders. |
| I understand that in the event of an emergency we will make every effort to contact those nominated in this form. If they are uncontactable, I authorise The Salvation Army personnel to seek medical assistance, ambulance transportation and treatment for the participant as they think is necessary and agree to cover any associated costs. |
| I acknowledge that photographs and/or videos may be taken of activity/program participants.  I consent to these images being taken and published publicly for the purpose of promoting the program and/or printed to give to the participant/s as keepsakes.  I realise that no names or other identifying information will be used and that I can withdraw my consent at any time by contacting the program leader. |
| Other things to note: *type here* |

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| **PARENT / GUARDIAN CONSENT**  **By signing this form, I understand and agree that:** | | | |
| * The information entered in this form is correct and I will let the leader know of any changes as soon as possible. * All information is collected, stored and used according to The Salvation Army’s Privacy Policy.   [Privacy Policy | The Salvation Army Australia](https://www.salvationarmy.org.au/about-us/governance-policy/privacy-policy/)   * Care will be taken by The Salvation Army personnel providing this activity or program. * If there are recreational activities as part of the program: * I accept there are risks, which may result in serious injury, permanent disability or loss of life; I assume and accept all such risks and waive the right to sue The Salvation Army if any of these occur. * I agree to indemnify The Salvation Army against any claims for injury, suffering or loss of life by the participant. I understand this does not apply if the injury or harm is due to gross negligence by The Salvation Army. * I understand participation is voluntary and if I do not wish the participant to take part I will let The Salvation Army leaders know before hand. * The Salvation Army is part of the Christian church and as such will run this activity or program acting on those principles and beliefs. | | | |
| Parent / Legal Guardian signature | 🡺 *type here* | Date | 🡺 *choose date* |