

**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** |
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|  | **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)*

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| --- | --- | --- | --- |
| 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
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| [ ]  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.
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| Parent / Legal Guardian signature | 🡺 *type here* | Date | 🡺 *choose date* |