



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.

| | | | |
|-------------------|--|-------------------------|--|
| Site / Corps Name | | Program / activity name | |
| Dates or days | | Time | |

PROGRAM / ACTIVITY OUTLINE - Completed by Program / Activity Leader

| | |
|----------------------|---|
| Onsite Activities | |
| Offsite Activities | |
| Online Activities | |
| High Risk Activities | (Other activities such as rock climbing or laser tag will require additional venue consent forms) |
| Group Leaders | |
| Group Assistants | |

PARTICIPANT 1 INFORMATION

| | | | | | |
|--------------------------------|---|----------------------------------|--|----------------|--|
| First name | | Family name | | Preferred Name | |
| Date of birth | | School Year or VET / work status | | Gender | |
| Street | | Suburb | | Postcode | |
| Primary languages spoken? | | | | | |
| Is language assistance needed? | <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Other | | | | |

| | |
|---|--|
| Does the participant have any allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| If Yes. What are they allergic to and what is their allergic response? (eg. peanuts - anaphylaxis, eggs - vomiting) | |
| | |
| Does the participant have any pre-existing or current medical conditions? | |
| <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart condition <input type="checkbox"/> Epilepsy or blackout | |
| Other | |
| Provide information about any medications that we may 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) | |
| | |
| Is a medical action plan or behaviour management plan required for this participant? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| To ensure the activity goes well for all, is there any other support that would be helpful for this participant, or information that may be important for us to know? | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Are there any relevant legal custody matters, orders, or supervision restrictions current or pending? | <input type="checkbox"/> No <input type="checkbox"/> Yes |

REGISTER OTHER PARTICIPANTS FOR THIS PROGRAM / ACTIVITY

| | PARTICIPANT 2 | PARTICIPANT 3 |
|---|---|---|
| First name | | |
| Family name | | |
| Preferred Name | | |
| Date of birth | | |
| School year or VET / work status | | |
| Gender | | |
| Address | | |
| Any allergies? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Allergy to, and response? | | |
| Medical conditions | <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Epilepsy or blackout <input type="checkbox"/> Other (describe below) | <input type="checkbox"/> None <input type="checkbox"/> Asthma <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Epilepsy or blackout <input type="checkbox"/> Other (describe below) |
| Other medical conditions | | |
| <i>Please enter information below ONLY if it is important for activity planning and in case of an emergency</i> | | |
| Medications | | |
| Medical action plan | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Behaviour Plan | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Other supports or info | | |
| Any relevant legal matters pending? | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |

PARENT / GUARDIAN CONTACT DETAILS

| | | | |
|-----------------------------|--|-------------|--|
| First name | | Family name | |
| Relationship to participant | | | |
| Phone number | | Email | |

SECONDARY EMERGENCY CONTACT DETAILS

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

| | | | |
|-----------------------------|--|-------------|--|
| First name | | Family name | |
| Relationship to participant | | | |
| Mobile number | | Email | |

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

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 transporting in The Salvation Army vehicles or private cares 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 The Salvation Army personnel will make every effort to contact those nominated in this form. If they are uncontactable, I authorise them to seek medical assistance, ambulance transportation and treatment for my child 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:

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](#)
- 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 | → | Date | → |
|-----------------------------------|---|------|---|