



FORM 1: CONSENT FORM

Privacy disclosure: This information is sought by the Parish of North Pine.

- This information is sought for the primary purpose of providing a safe environment for children with whom the Parish have contact.
- This information will be shared with only others significantly involved with child-related activities.
- You may seek access to this information if you wish.
- This information will be kept for a period of seven years.

Notice for Parents and Participant about the activity	Activity	Beach Night at Sutton's Beach
	Date of Activity	19-10-18
	Starting time	6.30pm - at the NPAC Hall
	Finishing time	9.15pm - parents to pick up from NPAC Hall
	Location address	Sutton's Beach, Redcliffe NOTE: We are NOT swimming.
Transport arrangements	Name/s of driver/s	Graeme Aldom, Sharon Armstrong
	To activity	Meet at NPAC Hall and approved cars to Sutton's Beach.
	From activity	Approved cars to return youth to NPAC Hall.
	Mobile telephone	0403 014 335 - Graeme
Cost of activity	Total	\$2 per youth
	When paid	Pay on night
	By whom	
Local contact person	Name	Graeme Aldom
	Mobile telephone	0403 014 335
	Telephone	
Activity leader	Name	Graeme Aldom
	Telephone	
	Mobile telephone	0403 014 335
Consent form	<p>As parent/guardian of, I.....</p> <p>Give my permission for him/her to take part in the activity outlined on this form.</p> <p>The leaders and instructors have my authority to take whatever action they consider necessary to ensure the safety and wellbeing of the group and/or individuals in the abovementioned activity.</p> <p>If my child becomes ill or is accidentally injured, the leaders may obtain on my behalf whatever medical treatment is deemed necessary. I will pay all such medical expenses.</p> <p>(If not already provided) I have attached information as requested about my child's health, including details of his/her limitations for the planned activity. My child's doctor and/or specialist may be contacted in an emergency.</p> <p>To the best of my knowledge, this information is accurate and gives details for the treatment of my child.</p>	
Signature		Date:
Child's declaration	I agree to show respect to leaders and the other participants and to co-operate with all lawful rules and instructions.	
Signature		Date: