



NAME (full name - Youth)	
Date of Birth	

**PARENTS**

**Parents' Consent**

Parents must be able to give informed consent to their child's participation in the youth space after considering the risks. Parents have the right to ask questions and please feel free to call Apryl Longford Community Development Officer on 08 9756 1018 during the week.

**Transport**

The Youth Zone will be open after school hours, but we are aware that some children live out of Town. If you would like a bus service to deliver your child to a nominated drop off point, please discuss with the Youth Officer, we want every opportunity for your child to participate.

**Consent to Email Information**

To communicate activities and what is happening at the youth entre, what is the best way to communicate: (tick communication that best suits)

- Newsletters
- Email
- Text
- Other, Please state \_\_\_\_\_

**Medical consent**

Does your Child have any Allergies? Yes ( ) No ( ) please tick  
 If yes please state \_\_\_\_\_

Does your child suffer from any medical conditions? Yes ( ) No ( ) please tick  
 If yes please state \_\_\_\_\_

Where the Youth Zone Facilitator is unable to contact me, I authorise the coordinator to;

- Consent to my child receiving any medical or surgical first aid attention deemed necessary by a medical practitioner.
- Administer such first-aid as the person-in-charge judges to be reasonably necessary.



**Please return this form to Shire of Nannup**

Post: PO Box 11 Nannup WA 6275  
 In Person: 15 Adam Street Nannup WA 6275  
 Email: nannup@nannup.wa.gov.au



**Consent for Emergency Transportation**

In the event of an emergency I consent to my child being transported in a privately owned vehicle by a supervisory member of staff as listed above or by ambulance if required.

**Photograph Consent**

We love to promote our photos of the great things that are happening in Nannup, but we need your support to do so. For consent for your child to have their photo taken for promotional purposes, please see the attached photographic consent form for Youth activities from the Nannup Youth Zone.

**Parents Details**

(1) Parent / Guardian (full name)	
(2) Parent / Guardian (full name)	
Adress	
Phone number	
Email address	

I have read all of the above information provided by the Nannup of Shire in relation to the Youth Zone.

I give permission for my daughter/son \_\_\_\_\_ (full name) to attend the Youth Zone activities.

(1) Signature of parent / guardian \_\_\_\_\_ (date) \_\_\_\_\_

In case or emergency I can be contacted on: \_\_\_\_\_

(2) Signature of parent / guardian \_\_\_\_\_ (date) \_\_\_\_\_

In case or emergency I can be contacted on: \_\_\_\_\_



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