



# Under 18's Consent Form

This form is to be completed by the parent/legal guardian of students under the age of 18yrs who wish to participate in training with Victorian First Aid Services and Training. This form must be completed and handed to the instructor on the day of training.

**Failure to supply this form will result in the student being denied access.**

Student Name: \_\_\_\_\_ Student USI Number: \_\_\_\_\_

Student DOB: \_\_\_\_\_ Student Age: \_\_\_\_\_

Course Date: \_\_\_\_\_ Course Location: \_\_\_\_\_

Course Type: (i.e. Provide First Aid) \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian DOB: \_\_\_\_\_ Parent/Guardian Age: \_\_\_\_\_

Parent/Guardian Relationship to Student: \_\_\_\_\_

Parent/Guardian Contact Number: \_\_\_\_\_ alt: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

I \_\_\_\_\_ as the legal guardian of the student detailed above, give my full consent for him/her to participate in the above detailed training. I fully understand that First Aid/CPR training involves physical contact with other students and instructors. I also take full responsibility of the above students travel arrangements to and from the training course. In the event of my child being involved in an emergency, I give my full permission for Victorian First Aid Services to take responsibility and act in the best interests of the above detailed student. This may include applying first aid treatment and calling emergency services in an effort to preserve life and protect from further harm. You will be informed of any adverse event immediately.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*All instructors and staff employed by Victorian First Aid hold a current "Working with Children's Check for child related employment" and can be shown on request.*

**Office use only** Date Received: \_\_\_\_\_ Entered in SMS: \_\_\_\_\_