APPENDIX C. parent/caRER/guardian consent form for VET program with AN external registered training organisation

Note: Students over the age of 18 and Independent Minors may sign their own consent forms. Please amend form as required.

*Please note that the free English Interpreter Service (telephone 13 14 50) can assist parents by telephone to complete this form and to discuss it with the school.*

**CONSENT FORM FOR MY CHILD**

(Name of Student) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TO BE RETURNED SIGNED TO THE SCHOOL BY**

(date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **PARENT/carer/GUARDIAN Contact Information** | | |
| Phone Home: | Work: | Mobile: |
| Other: | | |
| I give my consent for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to attend the VET program at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, commencing on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. | | |
| If your child has special needs please provide full details and include any relevant medical details on the attached Consent and Health Care Information Form. | | |
| I give permission for my child to receive medical treatment in case of an emergency.  ***Signature of parent/carer/guardian \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***  ***Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** | | |