**Appendix E. TEMPLATE INFORMED CONSENT FORM – SINGLE USE**

*An example is provided here as a guide only on how to complete the single use informed consent form.*

*[print on letterhead]*

Dear Parent

I am pleased to provide you with the following details regarding an activity for your child.

|  |  |  |  |
| --- | --- | --- | --- |
| **ACTIVITY INFORMATION** (to be retained by parent) | | | |
| **Name of Activity** | | | |
| **Where:**  **(use Traditional place name wherever possible)** | *Perth to visit Kings Park and go to the movies.*  *Kings Park’s traditional names include 'Kaarta Koomba', 'Kaarta Gar-up' or 'Mooro Kaarta'.* | | |
| **Date/s:** | *24/05/22 – 26/05/22* | | |
| **Year groups attending:**  *(Only complete if applicable)* | *Years 11-12* | | |
| **Itinerary:** | | | |
| **Location** | | **Arrive** | **Depart** |
| *Merredin Residential College* | |  | *24/05/22 – 4:00 pm* |
| *West Leederville: SIDE – accommodation and dinner* | | *24/05/22 – 7:30 pm* | *25/05/22 – 10:30 am* |
| *Perth: Kings Park – war memorial and lunch* | | *25/05/22 – 11:00 am* | *25/05/22 – 4:00 pm* |
| *Innaloo: McDonalds – dinner* | | *25/05/22 – 4:30 pm* | *25/05/22 – 5:30 pm* |
| *Innaloo: Event Cinemas – movie* | | *25/05/22 – 6:30 pm* | *25/05/22 – 9:00 pm* |
| *West Leederville: SIDE – accommodation* | | *25/05/22 – 10:00 pm* | *26/05/22 – 8:00 am* |
| *Merredin Residential College* | | *26/05/22 – 12:00 pm* |  |
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|  | |  |  |
|  | |  |  |
| *Insert extra rows as required* | |  |  |
| **Locations and activities**  Your child will be participating in the following activities:   * SIDE – <https://www.side.wa.edu.au/index.php> ph: 08 9311 1400   This venue will be used for accommodation. Students to bring bed linen. A Picnic dinner will be brought and consumed at SIDE on arrival after check-in. Breakfast supplies will also be brought for the date of departure back to the college.   * Kings Park - <https://www.bgpa.wa.gov.au/kings-park>   The students have the opportunity to explore Kings Park and pay their respects at the war memorial. A picnic lunch will be provided. Students to wear appropriate covered footwear and must bring a hat. Water bottles are recommended. Sunscreen will be provided.   * McDonalds Innaloo - <https://mcdonalds.com.au/store/innaloo-wa>   Students will have dinner at McDonalds, paid for by the Residential College.   * Event Cinemas Innaloo - <https://www.eventcinemas.com.au/Cinema/Innaloo>   Students will watch a movie at Event Cinemas. Students will need to buy their own ticket so are encouraged to bring adequate spending money.  *(Water based activities require additional supervision advice and student information. Include as appropriate.)* | | | |
| **Travel details:** | *Mode of transport and associated details* | | |
| **Parent costs:** | Transport $  Venue entry $  Other $  The College will invoice you in due course. We politely request that you refrain from making any payment at this stage. | | |
| **Supervisory team:** | *(List all team members and identify the staff member with first aid responsibility)* | | |
| **Contact details:** | *Enter contact details of leader of activity* | | |
| **Special clothing or other items required:** | All students are to comply with all venue/site special clothing or other item requirements as prescribed. | | |
| **College manager / Residential manager signature:** |  | | |
|  | | | |
| Please complete, sign and return the attached consent form to the College by *(insert DATE)*. | | | |

*[print on letterhead]*

|  |  |
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| **PARENT CONSENT FORM**  (to be returned to the college) | |
| **Name of Activity** | |
| **Where:** | *Perth to visit Kings Park and go to the movies* |
| **Date/s:** | *24/05/22 – 26/05/22* |
| **Child’s name:** |  |
| **Parent consent**  I declare I have read and understand the information outlined in this form and give consent for my child to participate in this leisure activity.  I will notify *[insert college name]* in writing of any relevant additional medical information not already held by the Residential College and/or if my child’s medical condition changes.  I give permission for my child to receive medical treatment in case of emergency.  I am aware that the College and its employees are not responsible for personal injuries or property damage that may occur during a leisure activity unless the College or its employees are proven to be negligent. | |
| Parent name |  |
| Parent signature |  |
| Date |  |