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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*** |