

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 a Training Partner of Paradise First Aid Pty Ltd t/a The First Aid Group. 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 to training.

Student Name: _____ Student ID Number: (if known) _____

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 the course instructor 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 Paradise First Aid Pty Ltd t/a The First Aid Group hold a current "positive notice blue card for child related employment" and can be shown on request.

Office use only Date Received: _____ Entered in SMS: _____