TERM ONE PROGRAM

**Feb 18th**
Launch Party

**Feb 25th**
Crazy Games

**Mar 3rd**
Minute to Win It

**Mar 10th**
Circle Games

**Mar 17th**
Ball Game-a-palooza

Grade 6 youth is at Cranbourne West Primary in the gym during lunch time on Thursdays. It is run by the school chaplain, Shannon Davis for Youthlife! This program has no cost.
For more information contact Shannon Davis on 0423138744.
PARENTAL CONSENT FOR YOUTHLIFE! Grade 6 Youth Programs

I give consent for my son/daughter ________________________________ to attend
Grade 6 Youth Programs at Cranbourne West Primary School and to be supervised by YouthLife!
staff and volunteers.

Medical Information

Does your child have any special needs?   YES/NO
If yes, please provide details of any special needs and any management procedure to be followed with respect to the
special need.  ____________________________________________________________

_____________________________________________________________________

Does your child have allergies or sensitivity?   YES/NO
If yes, please provide details of any allergies and any management procedure to be followed with respect to the
allergy.  ____________________________________________________________

_____________________________________________________________________

Anaphylaxis
Has your child been diagnosed at risk of anaphylaxis? Yes/No
If you answered no please proceed to the next question.

- Does Your child has an auto injection device.   YES/NO
- I have provided an anaphylaxis management plan to YouthLife Staff   YES/NO

Medical Conditions
Does your child have any other medical conditions (e.g. Asthma, epilepsy, diabetes etc) that are
relevant to the care of your child? ____________________________________________

_____________________________________________________________________

Other Information
Does your child have an aid?   YES/NO

Is there anything else that YouthLife! Staff should know about the child? YES/NO

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________

_____________________________________________________________________
Declaration and consent.

I, ____________________________, a person with lawful authority of the child referred to in the form,

- Declare that the information in this Permission form is true and correct and undertake to immediately inform YouthLife! staff in the event of any change of information;
- Consent YouthLife! staff to seek medical treatment for the child from a medical practitioner, hospital or ambulance service;
- Agree to cover the cost of any medical expenses or treatment.
- Understand that YouthLife! is only responsible for the child during the hours of the Youth Programs
- Agree to pay for any damages to Cranbourne West Primary School caused by this child
- I give consent for pictures to be taken of my child and used in YouthLife publications. □ YES □ NO

Signature of Parent/Guardian: __________________________________________________________

Print Name: ____________________________ Date: __________________________

Address: ____________________________ Postcode: __________________________

Phone: (Home) _______________________ (Mobile) __________________________

Alternate Emergency Contact ____________________________ Phone: __________________