

Parent/Carer Consent Form for Kids Giving Back Youth Change Makers

Your child has registered to join the Kids Giving Back *Youth Changemakers Program* (YCM). We require parental/guardian permission to complete enrolment in the program and prior to any selection or participation in volunteer activities provided by Kids Giving Back or their charity partners.

Please complete this form ASAP and return to info@kidsgivingback.org.

Pre-Requisites

Prior to acceptance and participation in the *Youth Changemaker* (YCM) program your child will be required to:

1. Have you complete and sign this Parent/Carer Consent form which includes the Terms & Conditions
2. Agree and sign the Code of Conduct
3. Register for the YCM application via the YCM app. (The YCM app is used to register for volunteering and other activities as well as keeps a record and profile of their YCM participation.)
4. Attend a two-hour volunteer training session. (This will cover health and safety and other elements of being an effective volunteer.)

Please note - Kids Giving Back reserves the right to cancel or suspend membership of any YCM participant if the conduct of the participant brings the Program, Kids Giving Back or the Charity partners into disrepute, or if their behavior poses a health and safety risk to themselves or others.

1. Teen Volunteer's Details

First Name*

Last Name *

Email*

This must be different to the parent's/ guardian's email address.

Mobile *

Please enter in this format: 614XXXXXXXX

Birth Date *

2. Parent's/ Guardian's Details

Please provide the details of the parent or guardian completing this form.

First Name *

Last Name *

Email *

Mobile*

*Please enter in this format: 614XXXXXXXX

Home Phone *

Relationship to Teen Volunteer Applicant *

3. Medical Information and Permissions

The following information is required to support your child's attendance at inhouse Kids Giving Back events. This information is not shared with charity partners or organisers of any external events; as such, it is your responsibility to inform any third parties of any child's relevant medical conditions or limitations.

indicate N/A in any fields that do not apply.

Please describe below any relevant medical condition, injury, illness or allergy your child has or recently has suffered, or any relevant disability (including psychological), however minor, which may:

1. affect your child's ability to perform any YCM activities; and/ or
2. be made worse by your child's participation in YCM activities.

Please describe here *or if attaching further documentation please note with "see attached*.

Does your child have any allergies?

*If yes, please list allergies and reactions *

Please list any medication your child is currently taking *

If your child is taking any medication that may affect his/ her ability to act as a volunteer in any capacity, or which must be taken while volunteering, you must provide a signed medical certificate confirming the name and dosage of medication and your child's capacity to self-administer the medication.

Please note you must tell us about any new relevant disability, medical condition, illness or injury that your child develops, or any relevant new treatment or medication your child begins using after signing this form.

Please tell us anything else we should know which may affect our decision to allow your child to participate in the YCM activities, e.g. psychological characteristics, criminal history.

Additional Information*

TERMS AND CONDITIONS

By signing this form as parent or guardian on behalf of my child I confirm that:

1. I give permission for my child to volunteer with Kids Giving Back.
2. My child is willing and able to participate in volunteer activities with Kids Giving Back.
3. My child may be photographed or filmed whilst undertaking activities purely for education and promotion purposes by the charity partners or Kids Giving Back. (I understand my child has the right to refuse to be photographed or filmed at the time of the activity.)
4. My child and I understand that if Kids Giving Back is not satisfied with my child's behavior at any time, Kids Giving Back may immediately withdraw my child from the program.
5. I agree that Kids Giving Back may exercise all reasonable control over my child whilst s/he is participating in an activity
6. I agree that Kids Giving Back may, but has no obligation to:
 - stop my child from participating in any activity;
 - select my child for a different level of participation; and/ or
 - limit my child's activities, based on information I provide in this form or at a later time;
9. I agree that in some circumstances, Kids Giving Back may withhold personal (including sensitive) information about my child if my child does not consent to disclosure.

10. I agree that Kids Giving Back and its employees, volunteers and agents may use or disclose personal (including sensitive) information provided in this form or collected as part of my child's participation in the activities to:

- organise activities;
- determine my child's suitability to take participate in activities with respect to any condition or disability described in Part 3- Medical Information of this form;
- contact and assist a doctor who is called upon to treat him/ her; or
- if required by law.

11. I agree that my child will not participate if s/he has a relevant medical condition or disability that prevents him/ her participating or would be worsened by participation.

12. I accept responsibility for all medical and other expenses incurred, and/or any loss suffered, as a result of any injury my child receives or causes during the YCM program including training, preparation, participation, volunteering and/or travelling to or from all activities.

13. I accept that Kids Giving Back and their charity partners will, to the extent permitted by law, not be liable for damages or other compensation for any injuries caused or suffered by my child or any other person as a result of participation in the YCM program.

14. I agree that Kids Giving Back and their charity partners are not responsible for failing to act on any medical information I provide in this form.

15. In the event of an accident or illness, Kids Giving Back or the charity representatives for whom my child is volunteering may obtain or administer any medical assistance or treatment my child may reasonably require. I accept liability for all reasonable costs incurred in obtaining such medical assistance or treatment (including transport costs)

I give consent for my child, _____ to participate in the Youth Changemakers program offered by Kids Giving Back.

My child and I have read and understand the Youth Changemakers Terms and Conditions and agree to abide by the Youth Changemaker Code of Conduct. I agree that Kids Giving Back, in accepting enrolment into the program, may at their discretion revoke or suspend my child's participation.

Parent/Carer's name:(please print)

Parent/Carer's signature:

Date:_____