**A picture containing logo

Description automatically generatedLogo

Description automatically generated with medium confidence**

**Permission Form**

Coomealla Health Aboriginal Corporation runs a range of programs where permission notes are necessary for young people aged under 18 years of ages. The information collected allows CHAC to be confident that:

* We have background details which will assist in planning events and accommodation any special needs of your child.

|  |  |  |
| --- | --- | --- |
| Event/ Activity Name | Koori Holiday Program 2022 | |
| Child Name |  | |
| Adress |  | |
| Date OF Birth |  | |
| Gender |  | |
| Child Medical Conditions/Allergies/Special needs including medication | Please list any conditions | |
| Emergency contact details | NAME  Telephone  Relationship to child | |
| Consent to use photography or recorded image | Consent given to coomealla health aboriginal corporation photographer appointed by CHAC to capture and use any photograph/image of child named above for the purposes of publicising and promoting CHAC eg newspaper, Facebook, funding body  YES NO | |
|  | I hereby give permission for the child named above to participate in the event/activity named above. I have had the details of the event explained to me by a chac staff member and understand any risk associated with the event | |
| Name:  Signed: | | Date: |
| Your relationship to child |  | |
| Your contact details | Phone:  Address: | |

* You have given your child permission to participate in the activities listed below.

**Limited spots available on transport.**

Please contact Jaharlyn or Bonnie regarding transport.