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 **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  | NAMETelephoneRelationship 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.