



Permission Slip for:

Date:

Participant's Details

Name: _____

Address: _____

DOB

Is your child:

Aboriginal / Torres Strait Islander / Aboriginal and Torres Strait Islander / Non-Aboriginal

Country of Birth: _____

Language at home: _____

Phone: _____ Email: _____

I want to receive KYA Newsletters and updates

Any allergies, physical, mental/emotional or medical conditions that we should know about:
Yes / No

Emergency Contact

Name:

Relationship:

Phone(s)

Email: _____

I want to receive KYA Newsletters and updates

I give permission for Kyogle Youth Action to record the above information and store it securely for internal reporting purposes.

I give permission for audio or visual recordings of my child to be taken on the day if they wish and used for promotion and internal reporting. E.g. interviews and/or photographs.

By filling and signing this form you give permission for your young person to attend this event and engage in the activities held.

If applicable you are also giving your young person permission to travel to and from the event using a bus service organised by KYA. It is your responsibility to organise pick up / drop off at the agreed meeting point at the times given by KYA.

COVID-19 Policy

(Please tick)

- I have not been in a COVID-19 hotspot in the last 14 days
- I do not have any COVID-19 Symptoms
- I have not been in contact with anyone who has had COVID-19 within the last 14 days

If you are not able to confirm all this criteria please provide information about your situation in relation to COVID-19:.....
.....

By signing this form you also agree for us to hold onto your information and share it with NSW Health if in the unlikely event there is an incident of COVID-19 and contact tracing is required. Thanks for your co-operation. If you have any concerns about this process please feel free to contact us on (02) 5601 5997.

You can also email us at youth.worker@kyogletogether.org.au

Name: (Care Giver)
Relationship: _____
Signed: (Care Giver)
Date: _____