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| **CARER / GUARDIAN CONSENTS** |
| CHILD’S NAME: |
| GUARDIANSHIP   * While my child is at Wiltja, I give permission for the Wiltja Principal and Boarding Manager to act as their guardian |
| ENROLMENT AND PARTICIPATION IN ACTIVITIES   * I give permission for my child to be enrolled in Wiltja Anangu Secondary College through one of its host schools (Woodville High School or the Avenues College B-12) * I give permission for my child to participate in Wiltja camps, excursions and activities |
| MEDICAL / DENTAL   * I authorise Wiltja to organise appropriate medical and dental treatment for my child, as required, including: * Immunisations * Emergency treatment * Anaesthetics * I agree to pay any ‘out of pocket costs’ as a result of medical and dental procedures. |
| INFORMATION SHARING   * I consent to Wiltja obtaining medical information from medical practitioners, community clinics or other health services * I consent to the sharing of information relating to my child between Wiltja and: * CAMHS (Child and Adolescent Mental Health Service) * DCP (Department for Child Protection) * NT Families * Home community school principal |
| TRAVEL   * I give permission for my child to travel on all transportation organised by Wiltja Anangu Secondary College |

Carer / guardian name:

Carer / guardian signature: Date:

IMPORTANT NOTE - Any person(s) assisting with the completion of this form must ensure all relevant information has been explained so that informed consent is given.

*This consent to share information is given for the whole period of the student’s enrolment at Wiltja.*