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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
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| 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
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| 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.
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| 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
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| TRAVEL* I give permission for my child to travel on all transportation organised by Wiltja Anangu Secondary College
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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.*