

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.