

# Parental Consent Form

Required for all persons under 18 years of age who are not under parental supervision.

**Participant details:** Name: .....  
Address: .....  
Emergency Phone: .....  
Alternate Phone: .....

**Dates of Activity:** ...../...../..... to ...../...../.....  
**Details of Activity:** .....  
**Person/s Responsible:** .....

**Allergies:** .....  
**Special Medical Needs:** .....  
**Family Doctor:** Name: .....  
Phone: .....  
**Consent to access emergency medical services if required**

**Consent:** I give permission for ..... to participate in the  
..... as a CLEAN activity under the supervision of the above  
named person or a person nominated as a responsible adult by the above named should he/she  
be unavailable.  
Name of Parent/Guardian .....  
Signature: ..... Date: ...../...../.....

**Disclaimer**

CLEAN is collecting the information on this form to ensure Parent/Guardian permission is received prior to persons less than 18 years of age participating in activities with CLEAN Volunteers. Only authorised CLEAN Committee Members have access to this information. Your personal information will not be disclosed to any third party without your consent, unless authorised or required by law, in accordance with the Information Privacy Principles.