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 $\underline{www.international paramedic college.com.au}$ 

training@internationalparamediccollege.com.au

## **Under 18's Consent Form**

This form must be completed by the parent/legal guardian of students under the age of 18 years old who will participate in any training with International Paramedic College or one of our training Partners or contractors.

This form must be completed **prior to commencing training** and submitted to us or handed to the instructor on the day of practical training. Failure to submit this form will result in the student being denied access to the training.

Student's Name:				
Student's DOB:			Student's Age:	
Course date:			Course Location:	
Course Type: (i.e	. Provide First aid	i):		
Parent/Guardian	's Name:	•		
Parent/Guardian		Student:		
Parent/Guardian's Contact Number:			Alt.:	
Parent/Guardian	's Address:			
-	_			
•			_	ian of the student detailed above, I giv
•				fully understand that First Aid/CPR
_		•	•	other students and instructors. Onlin
training will inv	olve educatio	nal feedback	on assessment task	ks. I take full responsibility of the abov
students travel	arrangement	s to and from	n the training cours	e if applicable. In the event of my chi
being involved	in an emer	gency, I give	e my full permissi	on for the course instructor to tal
•			•	iled student. This may include applying
				fort to preserve life and protect fro
		-	•	· ·
turtner narm. Y	ou will be into	rmed of any	adverse event as so	oon as possible.
Signed:			Date:	
All training sto	aff and partne	rs in training	or contractors are r	equired to hold a current working with

Services  $\infty$ Training  $\infty$  Supplies

children check.