



Parental Consent and Medical Information Form

First Aid Training

This form must be completed by a parent or legal guardian for any student under 18 years of age participating in the first aid training course.

Course Details

Course Name: [e.g., CPR Training - HLTAID009) Provide First Aid - HLTAID011]

Course Provider: Ascent First Aid Training Pty Ltd

Course Trainer (name): _____

Course Date(s): _____

Course Location (Address): _____



Student Information

Full Name: _____

Date of Birth: _____

Unique Student Identifier (USI): *[if applicable]* _____

Parent/Guardian Information

Full Name: _____

Relationship to Student: *[e.g., Parent, Legal Guardian]* _____

Mobile Phone: _____

Email Address: _____

Medical Information

Please provide any medical information about the student that the first aid instructor should be aware of:

Allergies: *[List any known allergies, e.g., bee stings, latex]* _____

Medical Conditions: *[List any relevant medical conditions, e.g., asthma, epilepsy, diabetes]* _____

Regular Medication: *[List any medication the student takes regularly, include details of administration if necessary]* _____



Emergency Contact: [Name and phone number of an emergency contact other than the parent/guardian] _____

Further Information: [Any other relevant medical information] _____

Consent and Acknowledgment

By signing below, I, _____ as the legal guardian of the student named above, provide the following consent:

1. **Permission to Participate:** I give full consent for my child to participate in the first aid training course, including all practical and theoretical requirements.
2. **Involvement of Physical Contact:** I understand that first aid training involves physical contact with other students and instructors, such as during CPR practice and bandaging demonstrations.
3. **Emergency Treatment:** In the event of an emergency involving my child, I authorize the course instructor and staff to act in my child's best interest. This may include administering basic first aid and contacting emergency services.
4. **Emergency Medical Authorization:** I authorize any required medical or surgical treatment by a qualified medical practitioner if I cannot be contacted. I agree to pay any costs associated with such medical treatment or ambulance transportation.
5. **Privacy and Data:** I have read and understood the privacy notice and consent to the collection and use of personal information as required for this course.
6. **Training Policies:** I acknowledge that I have read and accept the terms, conditions, and policies of the training provider, including their code of conduct.

Signature and Date

Parent/Guardian Signature: _____

Date: _____

