



PROJECT HERO CONSENT FORM

Parent / Guardian of Project Hero Participant

Given name: _____

Family name: _____

Relationship to child: _____

Address _____

Suburb: _____ Postcode: _____

Telephone (home): _____ (work): _____

Mobile: _____ Email: _____

Nominated contact person: (Please provide details of another person who may be contacted by the child or the school if the child's parent or guardian cannot be contacted).

Name of nominated contact person: _____

Address: _____

Suburb: _____ Postcode: _____

Telephone: _____ Mobile: _____

Parent's consent

I (full name of parent): _____

give my permission for (full name of participant): _____

to participate in the Project Hero program to be held at (name of school): _____

On (date of workshop): _____

(Signature)

_____/_____/_____
(Date)