



# Consent to Participate

I give permission for my child to attend the active recreational program Life Skills Program.

Name of child/young person:

\_\_\_\_\_

Age: \_\_\_\_\_ Grade/Year: \_\_\_\_\_

School: \_\_\_\_\_

I, the undersigned, agree the MAT Program or its servants or agents will not be liable for any losses, damages and/or injuries incurred and/or sustained by the above child/young person in attending the MAT Program.

I authorise you in the event of unforeseen accident or illness to obtain such medical assistance as required and agree to meet any expenses attached hereto.

My child/young person has the following medical considerations:

\_\_\_\_\_

My child/young person uses the follow medication:

\_\_\_\_\_

*Note: No staff member or volunteer at this program is authorised to prescribe or administer medication of any kind.*

Parent/Guardian signature:

\_\_\_\_\_