



Event Consent Parent Quick Guide

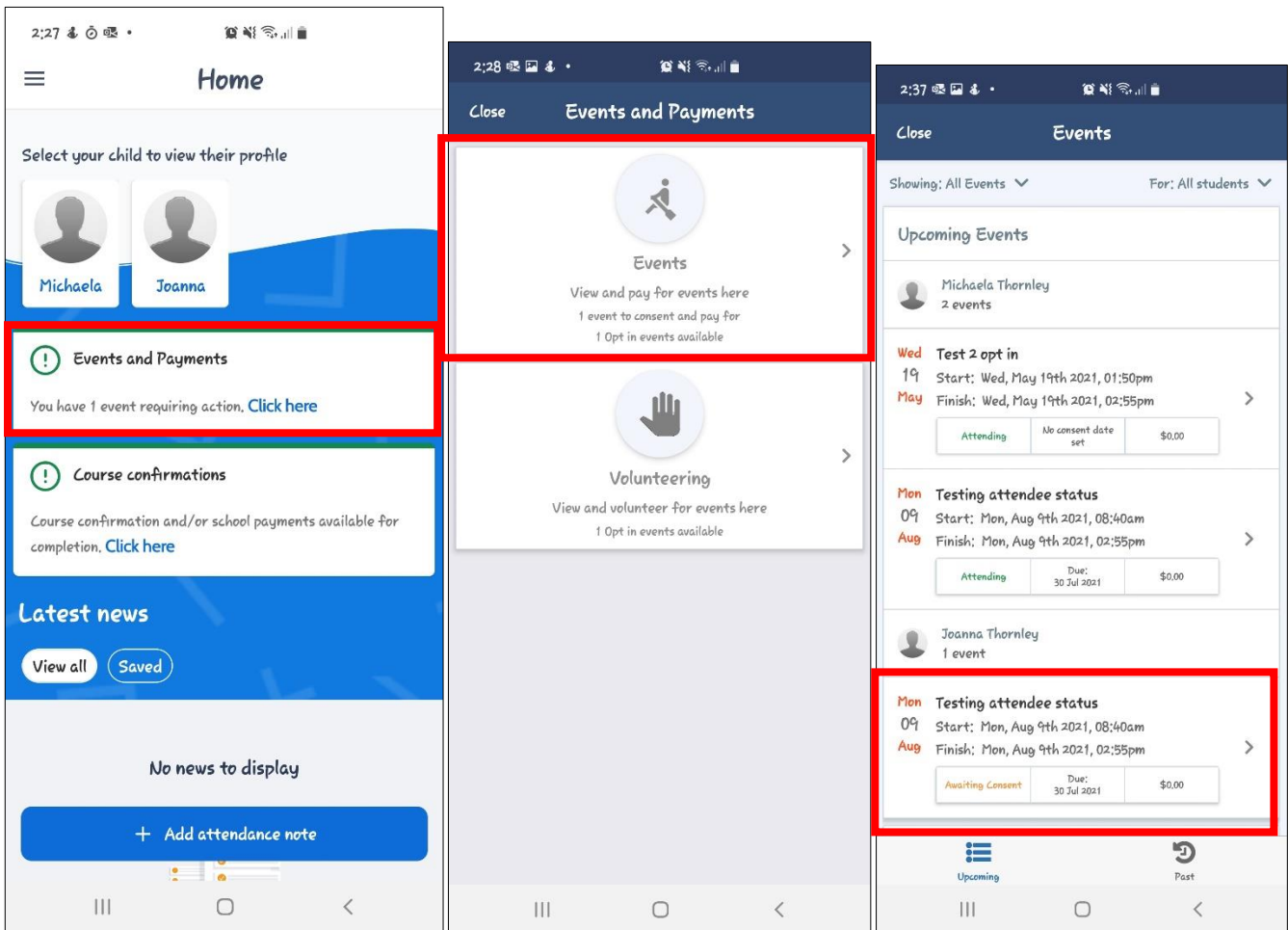
May 2021 | Version 1

CATHOLIC SCHOOLS BROKEN BAY

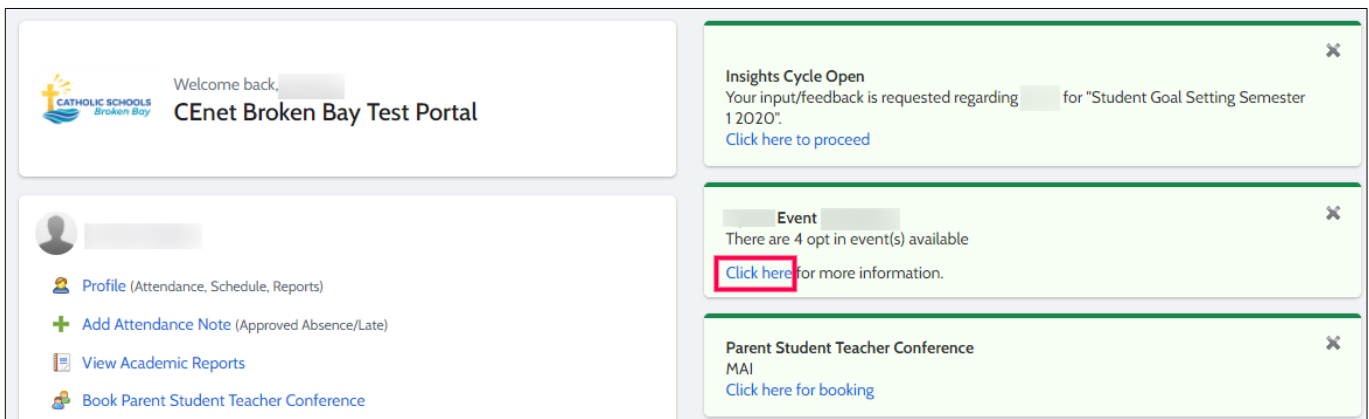
Caroline Chisholm Centre Building 2, 423 Pennant Hills Road, Pennant Hills, NSW 2120 | PO BOX 967 Pennant Hills NSW 1715
02 9847 0000 | csodbb.catholic.edu.au | cso@dbb.catholic.edu.au

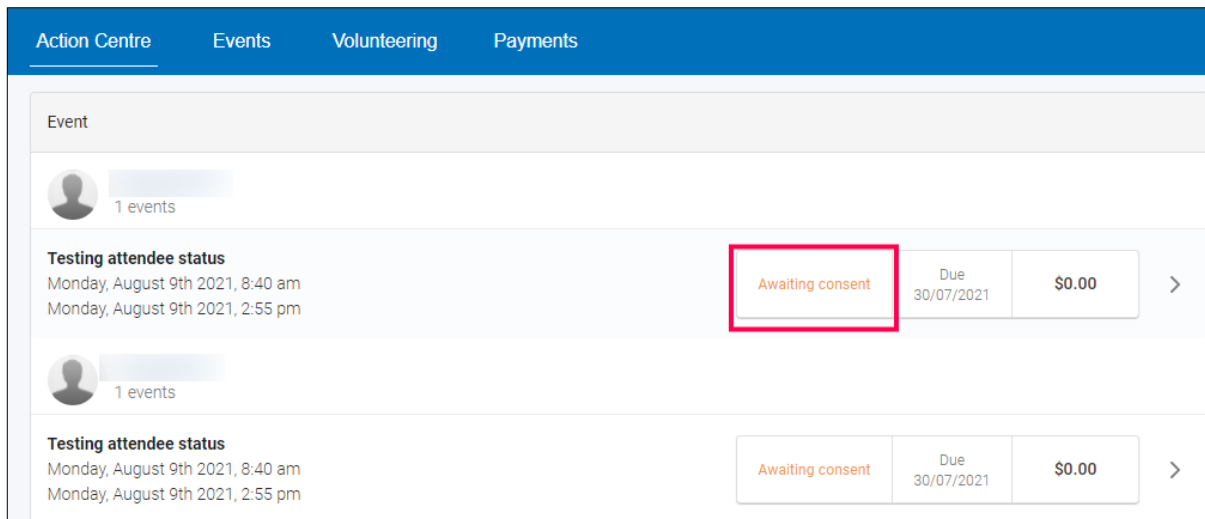
Event Consent – Parent Guide

Click the link to the event on your app



or in the browser





Complete any details as necessary, paying particular attention to

- specific medical details for this particular event which are not already on file for your child (eg a temporary medical issue or allergy that may affect their participation in the event)
- contact details for the day (eg please call Grandmother for early pickup), or a short-term changed mobile number which is different to the details on file

Type your **full name** into the Consent box (as you do this, the Submit Consent button will become alive).

Click the blue **Submit Consent** button

1 Event information

Description and educative purpose

Testing attendee status - when one student selected and change status, all attendees' status changes

When and where

Location	Start	Finish
Swimming pool (Off Campus)	Monday, August 9th 2021, 8:40 am	Monday, August 9th 2021, 2:55 pm

Resources

There are no resources.

2 Administrative questions

Are there any additional medical conditions, allergies, medications or ailments?

e.g. A broken leg, asthma inhaler dosage increase, travel sickness, allergies, dietary requirements etc.

Jack has a broken finger which is splinted. However, he is keen to take part as far as possible. Please adapt his participation where you can.

Please contact the school if any permanent/on-going medication information requires updating.

Parent / guardian contact details

Contact Details on file	
Ms [redacted]	Mobile [redacted] Phone [redacted] Email: [redacted] Contact: [redacted]
Mr E [redacted]	Mobile [redacted] Email: [redacted]

Please contact the school if any of this contact information requires updating.

Contact details on the day (if different from normal)

Please call his grandmother if early pickup is required 0401 234 567

3 Consent

I confirm that the above details are correct.

To provide consent, please type your name in full

Lucy Thornley

Submit Consent