



First Aid Action

Information for a Child/Minor to Participate in a First Aid Course

At First Aid Action, we have a commitment to making First Aid education accessible and available to young and adult communities.

There are aspects of our courses that we want to make you aware of, which are pertinent to children/minors that are under the age of 18, that are keen to participate in First Aid education.

Our First Aid training courses contain graphic images, some of which are taken from real life situations, as well as detailed pictorial and verbal references to body parts. This content matter may be offensive to some sectors of the community, particularly children and certain religious and social groups.

First Aid Action has a duty of care and commitment to the community. Our duty of care is paramount and reflects the reason that we cannot accept children aged under 18 years of age, as participants on our First Aid courses, without written parental or guardian consent.

The below consent form must be completed, and emailed to First Aid Action, before the course date, with confirmation that your child has completed the online enrolment as an acceptance by you. Your acceptance by signing this form agrees totally to your child being enrolled in one of our First Aid courses where they will be exposed to First Aid course materials that include content details as above.

Please return via email the completed consent form to:-

First Aid Action
info@firstaidaction.com.au

Form 1.11 PARENT OR GUARDIAN CONSENT FORM FOR FIRST AID COURSE PARTICIPANT

I, give permission for
(Full name of Parent/Gurardian)

Course Participant (full name)	
DOB	

to attend the following First Aid Action course

Course:

Date of Course:

held at:

Company:

Address:

I have read and understood the First Aid Action consent information and am aware of the content of the course resources that my child above will be exposed to during their First Aid Training course.

Parent/Guardian
Signature:

Date:

___ / ___ / 20___

In case of emergency please contact:

Name: _____

Relation: _____

Contact Number: _____