



**Council for Aboriginal Alcohol Program Services  
Aboriginal Corporation**

**General Program Consent (Unaccompanied Minor)**

<b>Client Information</b>		
Family Name	Given Name	
Date of Birth    __/__/_____	Gender (circle)    Male        Female	
<b>Guardian Information</b>		
Is the client under a current care order with the Minister?    No        Yes		
Guardian name	Relationship to child	Contact details W: H: M:
<b>Emergency Contact (additional to guardian details)</b>		
Name	Relationship to child	Contact details W: H: M:
<b>General Information</b>		
Does the client have any medical, psychological or behavioural issues that may impact program attendance? If so please state the issues and describe how the issues are managed		
Is the client capable of swimming in deep water unassisted? Yes        No .....        if No How would you describe your child swimming ability? (circle)		
Can't swim at all                      Can stay afloat in water                      Can swim a few strokes		
Is there any other information which could assist CAAPS in helping your child participate in the CAAPS program?		



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**Please read the following important points:**

- If the client is expected to participate in any activity where they will spend 1 night or more away from CAAPS facility, guardians will be notified where possible prior to the activity taking place.
- Staff supervision is always provided during all program activities, however should a client require additional support to participate in activities CAAPS may exclude the client from activities if additional support is not available at the time of the activity taking place.

**Consent**

Permission is given for the client to attend program activities on and away from the CAAPS facility	YES	NO
Permission is given for the client to participate in swimming activities under the supervision of staff	YES	NO
Permission is given for the client to attend overnight camps away from CAAPS facility	YES	NO
Permission is given for staff to transport clients in CAAPS vehicles	YES	NO

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_/\_\_/\_\_