



**TOGETHER
TRANSFORM**
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Mission Australia

Parental/Guardian Consent Form

ABN 15 000 002 522

Thank you for choosing to support Mission Australia.

People under the age of 15 years require written consent of their parent or guardian (a person who has for the time being parental responsibility for the child) before taking part in any fundraising/collection event or volunteering with Mission Australia.

Please complete the form below with your parent or guardian and return it to Mission Australia.
Mission Australia – Community Fundraising
PO Box 3515
Sydney NSW 2001
Or fax to 9264 4728

Fundraiser Contact Details

Full Name: _____ Date of Birth: _____

School Name: _____

Teacher's Name: _____ Contact: _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Phone number: _____ Mobile number: _____

Email Address: _____

Name of Fundraising/Collection Event: _____

Proposed Days/Hours of Participation: _____ (date(s)) _____ (time of day)

I _____, (as a person who has for the time being parental responsibility for the child) hereby grant permission for the child named above to participate in the nominated fundraising/collection event conducted by Mission Australia. I accept that the child named above is participating in this volunteering/fundraising opportunity in conjunction with, and supervised by, their nominated school/ teacher for hours indicated above.

Full Name: _____

Relationship to child: _____

Email: _____

Contact Number (during the proposed days/hours of participation): _____

Alternative Contact Number: _____

Name and contact details of alternative parent: _____

Signature: _____ Date: _____

INTERNAL USE ONLY

Date application form received: _____

Is the event/activity approved? Yes No

Fundraiser Number: _____

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