



# Parent / Legal Guardian Consent

## *COVID-19 Vaccination Status*

I solemnly and sincerely affirm that my child

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Child's Full Name	Date of Birth
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vaccination status is:

**Fully** vaccinated for COVID-19  
(two doses)

**Partially** vaccinated for COVID-19  
(first dose)

## *Participation at COVID-19 Alert Level 3*

I acknowledge:

- The risks associated with my child participating in activities at COVID-19 Alert Level three, and
- My child will not attend if they are unwell or are awaiting the results of a COVID-19 test, and
- Agree that my young person will comply with all public health requirements to participate in the activity including mask wearing and social distancing.

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Full name of the Parent / Legal Guardian

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Signature of the Parent / Legal Guardian

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Affirmed on the date above