

# Parent's declaration

Domestic students under 18



## Student details

Family name

Given name(s)

Date of birth / / (DD/MM/YYYY)

## Parents' contact details

Full name

Address

Email

Telephone

## Declaration

I (student's full name)

and I (parent's full name)

have read and understood Deakin University's guidelines for students U18.

I give permission to Deakin University to seek medical treatment for my son/daughter, including calling an ambulance, in case of a medical emergency or if urgent medical treatment is required.

During their study, educational activities outside the regular classroom setting, such as field trips, placements or excursions, are integral to many courses. Additionally, the University and DUSA host a range of events and activities for students.

The University does not assume any additional responsibility for underage students during these activities. I give permission for my child to attend these events and activities as described above.

This declaration is not valid unless it is signed and dated by student and parent. Agents MUST NOT sign the declaration. Australia

Please sign the DocuSign Consent form and it will be added to the student record.

Contact us for more information:  
Phone: +61 3 9244 5095  
Email: [deakin-int-admissions@deakin.edu.au](mailto:deakin-int-admissions@deakin.edu.au)

The information collected on this form will be used by Deakin University to facilitate and manage support for students under 18 years old.

The University's privacy policy may be viewed at <https://policy.deakin.edu.au/> or can be obtained from the Privacy Officer who can be contacted at [privacy@deakin.edu.au](mailto:privacy@deakin.edu.au) or on +61 3 9246 8114.

Student's signature

Date / /

Parent's signature

Date / /