



Under 18 Medical & Personal Information Form - Confidential

Protecting your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

Program applied for: **East Vic Park Youth Group**

Personal Contact Details

Participant's Name _____ Surname _____

Male Female Date of Birth _____

Youth Email _____ Parent/Guardian Email _____

Youth Mobile _____ Parent/Guardian Mobile _____

School _____ Year _____

Address _____

Suburb _____ Post Code _____ Hm Phone _____

Please list the persons authorised to pick-up the participant from the program (also list if leaving alone is an option for the participant).

Do you consent to appropriate use by us of photographs, video and audio taken on the program that include the participant? For example, inclusion in the newspaper, placement on our web page or in a brochure. YES NO

Program Preparation Details

Dietary Requirements:

Does the participant have any special dietary requirements? YES NO

If so, please list them: (We will endeavour to meet these requirements, and will contact you if there are any problems.)

Can the participant swim? (Tick one) Non-swimmer Can swim up to 200 metres non-stop unaided Can swim more than 200 metres non-stop unaided

Safety and Care Details

In case of an emergency, please list phone numbers where you and a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____



Are there any conditions which require special attention that we should know about, e.g. hearing or sight impairment, ADD or ADHD, allergies, asthma, or any other? *Please list below:*

Medical Information

Please give details of the participant’s medical insurance if applicable.

Insurance Provider _____ Membership number _____

Medicare Number _____ Do you have ambulance cover? YES NO

Will your son/daughter need to take any tablets or other medication during the course of the program? *If yes, please list the medication:* YES NO

Important: Please note that in regards to prescription medications, the participant will be responsible for administering their own medication. In regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that team leaders do not provide medications.

Has your child been taken off medication recently? *If yes, please give details:* YES NO

What is the year of your child’s last tetanus injection? _____

Has your child previously broken/fractured any bones? *If yes, please give details:* YES NO

Particular Activities

In attending the program, you consent to your son/daughter’s participation in a range of general sporting and recreational activities. If specific risk-oriented activities are included, the program will have informed you of these. Are there any specific activities that you do not wish your son/daughter to participate in? Yes No

If yes, please specify:

Your Agreement with the Organisation

I am aware, in signing this document for my son’s/daughter’s participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks & dangers may exist in the activities in which my son/daughter will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

1. I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
2. I further authorise qualified practitioners to administer anaesthetic if required.
3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.

I confirm that the information contained in this application is true and correct.

I agree to inform the leader of any change to these details.

Name of Parent/Guardian

Signature of Parent/Guardian

Date

