CONSENT FORM

This form needs to be completed before the event.

Type of Activity					
Location of Activity					
Date(s) of Activity				Times of Activity	
Activity Fee per Child	$	Paid	☐ Yes ☐ No	Transport Supplied by	☐ SDA Church ☐ Private/Other

As the Parent/guardian, I give permission for the below child/children to participate in the above activities

Participant's Full Name	**Gender**	**D.O.B**	**Medicare Number**
1	☐ Male ☐ Female		
2.	☐ Male ☐ Female		
3.	☐ Male ☐ Female		
4.	☐ Male ☐ Female		

Participant's Name	**Swimming Ability**			**Asthma**	**Diabetes**	**Epilepsy/ Fits/ Convulsions**	**Faint/ Dizziness**	**Hyper-activity**	**Hypo-activity**	**Heart Problems**	**Measles**	**Mumps**	**Pneu-monia**	**Tonsillitis**	**Allergy**	**Diet**
	NO	FAIR	GOOD													
1.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
2.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
3.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐
4.	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐	☐

*** N.B.** If you tick yes to any of the above conditions then you must complete **Additional Medical Information Form** and your child(ren) have any other allergies/medical conditions or complications or are taking ANY medication such as insulin, Ventolin, Epipen, etc.

Type of allergy	
Dietary Requirements:	

EMERGENCY CONTACT DETAILS

Name		**Number**	
Name		**Number**	

Photo Consent

Do you consent to appropriate use of photographs taken during the program that include ☐you/ ☐your child(ren) for the following? If you do not consent to any of the below please send the Team Leader a photo of ☐yourself/ ☐your child(ren) for identification purposes. All photos provided will be kept strictly confidential.

☐Website ☐Video/Slideshow Presentation (e.g. Summer Camp, Rally, promotions) ☐Top News/Newsletter/Record ☐Brochure/Flyer ☐None

Acknowledgement

- My child(ren) and I declare(s) that we will read information sheets and personal equipment lists for their safe participation in all activities and will endeavour to ensure we have all the items listed.
- My child(ren) will participate in an information session providing safety rules and procedures and understand that there may be some risk involved. My child(ren) agree to be responsible for taking the time to learn safety techniques and the proper use and limitations of each piece of equipment.
- My child(ren) acknowledge My child(ren) may refuse to participate in any part of the activity My child(ren) feel(s) apprehensive about, (if this does not endanger my child(ren) or the other participants and leaders).
- My child(ren) agrees that if they suffer injury or illness, the organisers can arrange medical treatment and emergency evacuation services as the organisers deem necessary for their safety or wellbeing.

In signing this document I acknowledge I will be briefed on the risks that may be involved in a range of activities and am willing to accept these risks and agree to release from liability, to the full extent permitted by law.

Your Agreement With The Organisation

I am aware, in signing this document for my child(ren)'s participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain risks and dangers are inherent in the activities in which my child(ren) will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to eliminate or minimize 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.

The consent herewith provided is on the condition that prior written information regarding the identified hazards associated with high risk activities and events is provided to me.

In the event of an emergency where the nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- 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:**	