

MEDICAL / PERSONAL INFORMATION/ PARENT CONSENT FORM**CONFIDENTIAL**

Dear Parent/Guardian

Your son's/daughter's participation in the Youth Program is conditional upon the return of this form. Note that the information that you give will not prejudice your son's/ daughters participation. We need to know the following information - it will help us better carry out our responsibility of care. Thank you for your cooperation.

PARTICIPANT'S PERSONAL DETAILS

SURNAME:	GIVEN NAME:
ADDRESS & POSTCODE	
PHONE NO.	DATE OF BIRTH:
CHILDS MOBILE NUMBER:	

PARENT/GUARDIAN'S PERSONAL DETAILS

EMAIL ADDRESS:

CONTACT DETAILS IN CASE OF AN EMERGENCY OR ACCIDENT

Name	Address	Phone No.

CONTACT DETAILS OF FAMILY DOCTOR

Name	Address	Phone No.

MEDICAL DETAILS

Please list your Medicare No.	
Please list other medical insurance details	
Is your son/daughter regularly taking any tablets or other medication? If yes, please list -	
Has your son/daughter been taken off medication recently? If yes, please give details	
Do you give permission for your son/daughter to be given paracetamol (eg. panadol) as a pain killer if required?	Yes No
What is the year of your son's daughter's last tetanus injection?	
Can your son/daughter swim? (circle one)	No Fair Swimmer Good Swimmer



SOUTHERN MIDLANDS COUNCIL'S YOUTH PROGRAM

Please complete the following table and give details where necessary

Condition	Details: eg. severity, treatment, already had
Asthma	
Appendicitis	
Bronchitis	
Chicken Pox	
Diabetes	
Ear Infections	
Epilepsy	
Fits/Convulsions	
Glandular Fever	
Hyperactivity	
Heart Problems	
Measles	
Mumps	
Pneumonia	
Tonsillitis	
Allergy - foods List type (eg. Milk)	
Allergy - other List type (eg. Bees)	
Other matters	

PARTICIPANT/ PARENT/ GUARDIAN AGREEMENT

I/WE AGREE that in the event of injury to my/our son/daughter, Southern Midlands Council's Youth Program's employees agents and voluntary helpers are authorised by me/us to obtain at my/our expense any medical, ambulance or like services which Southern Midlands Council's Youth Program in your absolute discretion think necessary or desirable.

SIGNATURE OF PARENTS OR GUARDIANS

In allowing my/our son/daughter to participate in the program, I/We consent to his/her participation in a range of sporting and recreational activities. I/We also consent to our son/daughter being able to participate in "PG" rated movies in the absence that "G" rated is not available. I/We acknowledge that the information provided on this form is true and accurate.

Please tick the following if you consent to your son/daughter's photograph being taken and/or displayed in Council publications or reporting purposes.

Yes No

..... /..... /.....
 Print Name of Mother/Guardian Signature of Mother/Guardian Date

..... /..... /.....
 Print Name of Father/Guardian Signature of Father/Guardian Date

NB: The information in this form will be regarded as current for a period of SIX MONTHS in the absence of receipt of updated or revised information from the participant or parent/guardian. If there is any change in the details recorded on this form it is the responsibility of one or both of the parent guardians to complete a new form.