2014 Youth Leadership Development Program
Medical Consent Form

Participant details

Given names			Surname		
Address					
Date of birth		Age		Club	

Parent/Guardian details

	Mother/guardian	Father/guardian	Guardian/other contact
Full Name			
Home phone			
Mobile			
Mobile			

Special/Dietary Needs

Please identify any special needs and requirements not listed above.

Has he/she had the combined diphtheria tetanus toxoid booster injection? Yes / No Year

Has he/she been immunised against measles? Yes / No Year

Medical Information

Does the participant suffer from any of the following?

	any allergic condition		Skin Condition		diabetes
	epilepsy, fits or blackouts		a disability or chronic illness		asthma
	(ADD/ADHD)		sleepwalking		current illness (eg flu)
	Bed wetting		behavioural problems		other

if yes to one or more, please give details.

Medicare Number	Health care card number	Pensioner health benefits card
Private health insurance fund	Number	**Do you have ambulance cover? Yes / No**

Current medication

		Time and Dosage - please specify exact time of medication									
		Breakfast		Lunch		Dinner		Before bed		Other	
Name		Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg Bricanyl		*8am*	*2 puffs*	*12:30pm*	*2 puffs*			*8pm*	*2 puffs*		

Notes:

1. Scheduled medication must be provided in the original container
2. All medications will be collected and administered by leaders, unless notified in writing to the contrary
3. Leaders will supervise and register the taking of all medication.

Risk waiver

I agree to my child's/ward's attendance at the South Coast Branch Youth Leadership Camp.

In the case of an emergency, I authorise the program leaders, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while may child/ward is attending the program.

I understand that although South Coast Branch SLS attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program.

Full Name of parent or guardian	Full Name of parent or guardian
Signature	Signature
Date	Date