

# Medical and consent form – Child

## Participant details

First name	Last name	<input type="checkbox"/> Male	Date of birth
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>
School name	Year group		
<input type="text"/>	<input type="text"/>		
Postal address			
<input type="text"/>			
Postcode			
<input type="text"/>			

## Program details

Program number (if known)	Centre name	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

## Parent/guardian contact details

First name	Last name		
<input type="text"/>	<input type="text"/>		
Postal address			
<input type="text"/>			
Postcode			
<input type="text"/>			
Home phone	Email		
<input type="text"/>	<input type="text"/>		
Mobile phone	Work phone	Fax number	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Relationship to participant			
<input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Family member			

## Further information

Is the child of Aboriginal or Torres Strait Islander descent? (For statistical purposes only)  Yes  No

Are one/both the parents from a culturally or linguistically diverse background or community? (For statistical purposes only)  Yes  No

## Health details and related information

Does the participant suffer from the following? (if yes to one or more, please attach details as required)

A current illness (eg. flu)  A disability/chronic illness  Any allergic condition  Asthma (provide asthma plan)  Bed wetting

Attention deficit disorder (ADD/ADHD)  Behavioural problems  Diabetes  Epilepsy  Sleep walking  Skin condition

Other \_\_\_\_\_

Private health insurance fund	Number	
<input type="text"/>	<input type="text"/>	
Medicare number	Position on card	Valid till
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Swimming ability  Strong – 50 metres unaided  Average – 25 metres unaided  Poor – 10 metres unaided  Non-swimmer



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## Current medication

Name	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
eg. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes: 1. Scheduled medication must be provided in the original container (as required by legislation). 2. Staff will collect, supervise and register the taking of all medication.

## Special requirements and dietary needs

Please identify any special needs or requirements not listed above (eg. diet, wheelchair access etc.)

Has he/she had the Combined Diphtheria Tetanus Toxoid booster injection?

Yes  No Year \_\_\_\_\_

Has he/she been immunised against measles?

Yes  No Year \_\_\_\_\_

## Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you provide to enable processing of enrolments for the program. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to Communities NSW can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

## Risk waiver and media consent

a) I agree for my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that my child/ward will abide by the rules and conditions of the Centre, and/or the Department, including those in any literature or verbal or written instructions. I authorise in the case of an emergency for the Centre or program staff, 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 my child/ward is participating in any activity or is in attendance at the Centre.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW or its employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my child's/ward's attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for the loss of my child's/ward's life, or injury, damage or loss of any description whatsoever and howsoever caused which my child/ward may suffer or sustain in the course of or as a result of my child's/ward's participation in any activity and/or attendance at the Centre.

b) Please tick whichever applies to you

I consent /  I do not consent to allow Communities NSW to use my child's/my ward's name and any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of Communities NSW's services and initiatives to the media and to the general public.

Name (print)

Signature

Date

 /  / 

## Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

**13 13 02** or visit [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au)



**Communities**  
Sport & Recreation