

Medical and consent form – Adult

Complete form in BLOCK LETTERS

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"/>
Postal address		Postcode	
<input type="text"/>		<input type="text"/>	
Email	Sport and Recreation customer no.		
<input type="text"/>	<input type="text"/>		
Home phone	Mobile phone	Work phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Program details

Group booking name	Venue	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"/>

Allergies and special diets

Sport and Recreation endeavours to provide safe, healthy meals to all clients, including those with special dietary needs. Those at risk from food related anaphylaxis require the highest level of care. It is important that we receive information regarding food related allergies even if you are attending a self-catered program. This form **MUST** be received by Sport and Recreation at least two weeks before the program commences.

If you have a special dietary need please provide information using the categories below.

1. Food related anaphylaxis diagnosed by a doctor. (*An anaphylaxis action plan and at least one adrenaline auto-injector MUST be provided*).

Please indicate the item/s you CANNOT eat

Peanuts Tree nuts Egg Wheat Sesame Crustaceans Fish Milk Soy Sulphites (specify below)

Other/further information _____

2. Allergy or intolerance. (*Particular foods can cause discomfort and illness, but are not life threatening*).

Please indicate the item/s below you CANNOT eat

Peanuts Tree nuts Egg Wheat Sesame Crustaceans Fish Milk Soy Gluten Lactose/Dairy
 Yeast Food Additives (specify below) Sulphites (specify below)

Other/further information _____

3. Aversion/religious beliefs/lifestyle choice. (*You have made a decision not to eat these foods, or to eat certain types of foods*).

Please indicate your special diet

Vegan Vegetarian No red meat No beef Halal Kosher

Other/further information _____

4. Non-food related allergy. (*A doctor has diagnosed you with a non-food related allergy*).

Please indicate your non-food related allergy

Insect bite/sting (specify below) Medication (specify below) Other (specify below)

Other/further information _____

Have you been hospitalised with a severe allergic reaction

Yes No

Have you been prescribed an adrenaline auto injector (EpiPen® or AnaPen®)

Yes No

Do you have an ASCIA Action Plan for anaphylaxis

Yes No

Participants diagnosed with anaphylaxis must have an ASCIA Action Plan and at least one auto-injector.

(Please attach and return with the form).

Medical information

Do you have any conditions such as diabetes, epilepsy, asthma (provide asthma plan), a current illness, a disability/chronic illness, pregnancy?

Yes No

If yes, please give details

<input type="text"/>
<input type="text"/>
<input type="text"/>

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Medical information *(continued)*

Medicare number

Valid to

 /

Position number
on Medicare card

Next of Kin name

Next of Kin phone contact number

Health care card number

Pharmaceutical benefits concession card

Pensioner health benefits card

Do you have ambulance cover? Yes No

Private health insurance fund

Number

Optional information

Are you of Aboriginal or Torres Strait Islander descent? (for statistical purposes only)

Yes No

Are you or your parents from a Non-English speaking background?

(for statistical purposes only) Yes No

Privacy statement

The Department of Education and Communities of 6B Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. 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 the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

I do not wish to receive promotional information about this service offered by Sport and Recreation.

Risk warning and media consent

a) Strike out whichever does not apply:

I agree to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for me 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 I am attending the Centre/enrolled in the program.

I understand that although the Department of Education and Communities, Sport and Recreation and its service providers 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 at the Centre/as part of the program and I accept that risk.

b) Please tick whichever applies to you:

I consent / I do not consent to allow the NSW Government to use any photograph, sound and film recordings taken of myself at this program for the promotion of NSW Government 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**

April 2013



**Office of
Communities**
Sport & Recreation