PARENTAL CONSENT FORM

FOR MINORS (UNDER 18)

I hereby give my consent for my child/children:

List name/s …….

to participate in any activity arranged, or participated in, by Surf Life Saving Queensland during the ensuing twelve (12) months from the date of the agreement; and I hereby give my permission for my child/children to use such known forms of transport, including air transport, for such traveling as may be deemed necessary.

I agree that, during the period(s) of the aforesaid activities in which my child/children participates, and during such traveling and other activities as may be deemed necessary, my child/children shall be under the sole direction of the person(s) duly appointed in charge of the squad(s) and/or team(s) in which he/she is included.

Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of $2,000 and these expenses must be incurred within 12 months of sustaining injury.

Signed ……. (Parent / Guardian)

Date: ……/……/……

MINOR'S (UNDER 18) MEDICAL HISTORY AND AUTHORISATION

My child/children have been immunized against (please show year immunized if known):
Child 1: Name/Details.....……..
Child 2: Name/Details.....……..
Child 3: Name/Details……

Date of last anti-tetanus injection: .Child 1...../...../....., Child 2...../...../....., Child 3...../...../.....,

My child/children suffers from asthma (please tick) Yes [ ] No [ ]
List names affected by asthma…….

Medication available: .....

My child/children are known to be allergic to: (Provide names if more than 1 child)

.....……..

.....……

Are you a contributor to QATB? (please tick)Yes [ ] No [ ]

Branch: .....

Medicare No: .....

Private Health Insurance: .....

Is your child/children insured against accident/injury for competitions and associated activities (eg. training, travel, etc.) other than the SLS Insurance Policy?
Yes [ ] No [ ]
Name of Company (if insured):

.....
Any other relevant medical history:

.....……
.....……
.....……..

Is your child/children suffering from an injury or condition which is likely to be aggravated by the proposed activities?: Yes [ ] No [ ]

If so, please give details (provide names if more than 1 child).....…
…….
……..

I hereby authorise the obtaining on my behalf of such medical assistance as my child/children may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending. I understand that Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of $2,000 and these expenses must be incurred within 12 months of sustaining injury.

Signed: ..... Date: ...../...../.....
Parent/Guardian

PERSONAL DETAILS
MINORS (UNDER 18)

Name/s: Child 1_____

Child 2_____

Child 3 _____

Address: _____

_____Postcode: _____

Phone: _____(H) _____(W)

Date of Birth: Child 1 ……/……/……, Child 2 ……/……/……, Child 3 ……/……/……,

Surf Life Saving Club: _____

Father's Name: _____

Business Address: _____

Business Phone: _____

Mother's Name: _____

Business Address: _____

Business Phone: _____

Any relevant family history:

_____

_____

_____

_____

In the case of an emergency please contact: _____

The personal details requested are to enable contact to be made with a minor's parents in the event of any emergency and are STRICTLY CONFIDENTIAL.

Signed:_____ (Parent/Guardian) Date: …./…./….