

# Form 10 Parental consent



Name of event

Date/s of event From  To

Name of organiser

### DETAILS OF CHILD/YOUNG PERSON

Name

Address

Date of Birth  MALE  FEMALE

### Other relevant information

(Please mention any medical conditions, special needs or dietary requirements.) Please note that the organisers cannot administer any medication. Should your child require medication or intimate care, please discuss this with the organisers who will work with you to establish how your child can be accommodated, according to relevant policies and procedures.

### GUARDIAN CONTACT DETAILS

Name

Daytime phone number

Home phone number

Mobile phone number

Email address

### In Cases of a medical emergency

In the event of illness or accident, I give permission for medical treatment to be administered where considered necessary by a suitably qualified medical practitioner and/or hospital. I understand that every effort will be made to contact me as soon as possible. In an emergency, I can be contacted at the following telephone numbers:

Signed

## Health form

Name of church group/event

Name of participant

### PERSONAL DETAILS

Name

Address

Date of birth  Phone Number/s

### CONTACT FOR EMERGENCIES

#### CONTACT 1 - Parent/Guardian

Name  Relationship to child

Address

Tel Nos  (work)  (home)  (other)

#### CONTACT 2 - Parent/Guardian

Name  Relationship to child

Address

Tel Nos  (work)  (home)  (other)

### DOCTOR'S DETAILS

Name  Phone Number/s

Address

Medicare card No  No on Card

Private Health Fund  Member No

**MEDICAL DETAILS**

Can s/he take Paracetamol (Panadol)?    Y     N

Does s/he suffer from any illness?    Y     N     If yes, please state

When did s/he last have a tetanus vaccine?

Does s/he last have impaired hearing?    impaired vision     other disability

Please specify

**PLEASE KEEP THIS DOCUMENT SECURELY ON FILE**