FULL NAME……………………………………………D.O.B: ………………………...



***CLEM JONES CENTRE – WATER SAFETY WEEK***

***MEDICAL AND CONSENT FORM***

HOME ADDRESS…………………………………………….......................................

…………………………………………………………………………….............……….

HOME TELEPHONE………………………………………………….............…………

MOBILE………………………………………………………………..............………..

EMERGENCY CONTACT AND TELEPHONE…………………………………………………......................................

**MEDICAL INFORMATION: (tick for yes)**

Has team member current tetanus cover ……………………………

Does team member suffer from:

Asthma …………………….

Respiratory problems …………………….

Heart Problems …………………….

Diabetes …………………….

Epilepsy …………………….

Any other medical problems …………………….

If so please note ……………………………………………………………………………..

………………………………………………………………………………………………….

Any current sports injuries …………………….........................................

Allergies to

Food …………………….

Drugs …………………….

Insect or bee stings ………………….

(Does member carry antihistamine) …………….

**PLEASE COMPLETE OVER**

Any other relevant information for Staff Members …………………………………….

………………………………………………………………………………………………..

Details of medications currently being taken (please include puffers) ……………….

………………………………………………………………………………………………..

………………………………………………………………………………………………..

**Medicare Number …………………………………………………………………………**

**Private Health Fund & Number ………………………………………………………….**

**Ambulance Cover: Yes / No**

**PARENT / GUARDIAN CONSENT FORM**

1. I authorise the CLEM JONES CENTRE STAFF to obtain medical attention for my child at his / her discretion in the event of illness or injury.
2. I agree to pay any costs incurred for medical treatment, pharmaceutical products required or / and ambulance fees deemed necessary by the team managers.
3. I am aware of the program of activities in which my child will take part.
4. I consent to photos/video footage of my child/ren participating in the Safety Week Program and that these images may be posted in Newspapers and used on the Centre’s website and for future advertising.

**Parent / Guardian’s Signature ……………………………………………………….**

**Please Print Name ……………………………………………………………………**

**Parent Contact Number ………………………………………………………………**

**Date ......................................................................................................................**