



# Pittwater Sports Centre

## Medical Consent Form

Child \_\_\_\_\_ (Full Name)

Attending workshop / training camp: \_\_\_\_\_ On (Date) \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

Email: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Mobile/Contact No: \_\_\_\_\_ Must be contactable on the day.

1. I, (parent if under 18) \_\_\_\_\_, hereby give permission for the Program Manager, or designated Staff representative, to seek medical aid in the event of an accident, injury, or illness to the above Participant

2. General medical aid, including transport, will be at the discretion of the Program Manager, or designated Staff representative

In addition:

Specific permission, on appropriate medical advice, is given for the following:

Does your child have any behavioral/learning difficulties that we should be aware of:  Yes  No, If Yes, please state:

---

Has your child had an injury/illness in the past 12 months? \_\_\_\_\_ Details if yes \_\_\_\_\_

Has your child been cleared to participate in an active program? \_\_\_\_\_

Does your child suffer from any condition that could involve hospitalization (eg. asthma, Bronchitis etc)?  Yes  No If Yes, please state:

Known Allergies: \_\_\_\_\_

Medical Problems: \_\_\_\_\_

Medication required (please include dosage):

Name of Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_

**(N.B. Medication can only be administered if dosage is clearly labeled by Dr and Pharmacy Pack)**

Medicare Number: \_\_\_\_\_

I/We have additional Hospital /Medical cover  Yes  No

Name of Fund: \_\_\_\_\_

Membership Number: \_\_\_\_\_

I have supplied all information as the legal Parent/Guardian of the child name in this form and I declare the information to be true and correct as stated

Signature: \_\_\_\_\_

(Full Name) \_\_\_\_\_ (Parent/ Guardian)

Supervisor Signature: \_\_\_\_\_ Name: \_\_\_\_\_