

**Medical/Indemnity Form**

Please Return on or before the night you child attends Youthstreet.  
 NB: PLEASE FILL OUT A SEPARATE FORM FOR EACH CHILD

**Student Details** (all are private and confidential)

Name: \_\_\_\_\_ (Person attending the event)  
 Date of Birth: \_\_\_/\_\_\_/ 19\_\_\_  
 Gender: M/F (Please Circle)  
 Home Ph. No.: ( ) \_\_\_\_\_ Mobile Number: \_\_\_\_\_  
 Email Address (student): \_\_\_\_\_  
 Address: \_\_\_\_\_ City/Suburb: \_\_\_\_\_  
 Postcode: \_\_\_\_\_

**Parent/Guardian Details**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Ph (Home): \_\_\_\_\_ Address: \_\_\_\_\_  
 Ph (Mobile): \_\_\_\_\_

**Other Emergency Contact Details**

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
 Ph (Home): \_\_\_\_\_  
 Ph (Mobile): \_\_\_\_\_

**Child's Health Information:** (Emergency contacts in case next of kin cannot be reached)

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Medicare No.: \_\_\_\_\_ Childs Position on Card: \_\_\_\_\_  
 Preferred Hospital: Public / Private (Please Circle) \_\_\_\_\_

**Medical Consent/Information:**

If more space is needed please write on back of page

Conditions	Yes/No	Comments
A. Tetanus Booster in last 12 months		
B. Asthma, sinus, hay fever		
C. Other respiratory problems		
D. Allergies (insects, food, medications)		
First Aid treatment prescribed:		
E. Ongoing significant Medical and/or Counselling Issues		
Treatment Prescribed:		
F. Recent Illnesses/ operations		
G. Physical Disabilities		
H. Phobias		
I. Travel Sickness		
J. Medications required		
K. Special Dietary requirements		
L. Sleepwalking		
Other (please state)		

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**Further Request:** I request the leaders to administer Panadol to my child in the event of headache or other pain as a short-term pain relief. I will supply this medication to the leader at the beginning of the event. (Note. A pharmacist's label on the container is required). My son/daughter understands that it is not permitted for children to provide this medication to other children: Y/N (Please Circle)

I give permission for my child to go to off-site activities when appropriate supervision is involved eg. games: Y/N (Please Circle)

I am the legal guardian of \_\_\_\_\_  
(Please print name of child)

I give permission for Newlife Uniting Church Robina, and the leaders within, to use images/video of my son/daughter and/or their artwork/material for promotional, educational and/or research purposes. I ask for no remuneration or acknowledgement. I understand that no fee is payable to me by Newlife Uniting Church Robina, or any other person, for using the images(s) either now or at any time in the future.

Photo/video consent Y/N (Please Circle)

Artwork/material consent Y/N (Please Circle)

1. I have read all the information sent to me by the Youth Department of Newlife Uniting Church Robina, with regard to this activity
2. I have had opportunity to ask questions relating to the activity and have received satisfactory answers
3. I understand and accept the inherent risks of personal injury in the activity, as outlined in the material provided and as are to be expected by a reasonable person in an activity of this nature
4. In the context of the information provided by the church, I agree to delegate my authority to the leaders involved. Such leaders may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the children as a group, or individually in this activity
5. I submit the attached medical information about the above child and include details of any limitations he/she has for the activity concerned.
6. I authorise qualified medical practitioners to administer appropriate treatment, including an anaesthetic and/or blood transfusion if such need arises. I understand that every effort will be made to contact parents prior to any such action being taken. I also accept that an ambulance may be used. I accept that it is my responsibility to cover any medical costs except for First Aid.
7. I authorise transport of my child as outlined in the information sheet.

I understand and agree that every precaution will be taken to ensure the protection of the above named child. Newlife Uniting Church Robina, Pastors, Leaders and Volunteers are released of liability in the event of any accident, misfortune, damage or loss that may occur to my child or my child's property while at Youthstreet 2008.

I understand that the organisers will take all reasonable care and I have read and accepted all these conditions.

Name (Please Print): \_\_\_\_\_

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

Date: \_\_\_/\_\_\_/20\_\_\_