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: _____

Pittwater Sports Centre
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