Medical and consent form – Child

Complete form in BLOCK LETTERS

Participant details

First name | Last name | ☐ Male ☐ Female | Date of birth / /

School name | Year group

Postal address | Postcode

Program details

Program number (if known) | Centre name | Date from / / | Date to / /

Parent/guardian contact details

First name | Last name

Postal address | Postcode

Home phone | Email

Mobile phone | Work phone | Fax number

Relationship to participant ☐ Parent ☐ Guardian ☐ Grandparent ☐ Family member

Allergies and special diets

Sport and Recreation endeavours to provide safe, healthy meals to all clients, including those with special dietary needs. Those at risk from food related anaphylaxis require the highest level of care. It is important that we receive information regarding food related allergies even if your child is attending a self-catered program. This form MUST be received by Sport and Recreation at least two weeks before the program commences.

If your child has a special dietary need please provide information using the categories below.

☐ **1. Food related anaphylaxis diagnosed by a doctor**. *(An anaphylaxis action plan and at least one adrenaline auto-injector MUST be provided).*

Please indicate the item/s your child CANNOT eat

☐Peanuts ☐Tree nuts ☐Egg ☐Wheat ☐Sesame ☐Crustaceans ☐Fish ☐Milk ☐Soy ☐Sulphites (specify below)

Other/further information _____

☐ **2. Allergy or intolerance**. *(Particular foods can cause discomfort and illness, but are not life threatening).*

Please indicate the item/s below your child CANNOT eat

☐Peanuts ☐Tree nuts ☐Egg ☐Wheat ☐Sesame ☐Crustaceans ☐Fish ☐Milk ☐Soy ☐Gluten ☐Lactose/Dairy
☐Yeast ☐Food Additives (specify below) ☐Sulphites (specify below)

Other/further information _____

☐ **3. Aversion/religious beliefs/lifestyle choice**. *(You or your child have made a decision not to eat these foods, or to eat certain types of foods).*

Please indicate your child's special diet

☐Vegan ☐Vegetarian ☐No red meat ☐No beef ☐Halal ☐Kosher

Other/further information _____

☐ **4. Non-food related allergy**. *(A doctor has diagnosed my child with a non-food related allergy).*

Please indicate your child's non-food related allergy

☐Insect bite/sting (specify below) ☐Medication (specify below) ☐Other (specify below)

Other/further information _____

Has he/she been hospitalised with a severe allergic reaction ☐ Yes ☐ No

Has he/she been prescribed an adrenaline auto injector (EpiPen® or AnaPen®) ☐ Yes ☐ No

Does he/she have an ASCIA Action Plan for anaphylaxis ☐ Yes ☐ No

Children diagnosed with anaphylaxis must have an ASCIA Action Plan and at least one auto-injector.
(Please attach and return with the form).

Health details and related information

Does the participant suffer from the following? *(Please attach details as required).*

☐ A current illness (e.g. flu) ☐ A disability/chronic illness ☐ Asthma (provide asthma plan) ☐ Bed wetting
☐ Attention deficit disorder (ADD/ADHD) ☐ Behavioural problems ☐ Diabetes ☐ Epilepsy ☐ Sleep walking ☐ Skin condition
☐ Other _____

Has he/she had the Combined Diptheria Tetanus Toxoid booster injection? ☐ Yes ☐ No Year _____

Has he/she been immunised against measles? ☐ Yes ☐ No Year _____

Private health insurance fund _____ Number _____

Medicare number _____ Position on card _____ Valid till / /

Swimming ability ☐ Strong – 50 metres unaided ☐ Average – 25 metres unaided ☐ Poor – 10 metres unaided ☐ Non-swimmer

Current medication

	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
e.g. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

Notes:
1. Scheduled medication must be provided in the original container (as required by legislation).
2. Staff will collect, supervise and register the taking of all medication.
3. Participants at risk of anaphylaxis need to provide at least one auto injector (e.g. EpiPens®/AnaPens®).

Optional information

Is the child of Aboriginal or Torres Strait Islander descent? (For statistical purposes only) ☐ Yes ☐ No

Are one/both the parents from a culturally or linguistically diverse background or community? (For statistical purposes only) ☐ Yes ☐ No

Privacy statement

The Department of Education and Communities of 6B Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

☐ I do not wish to receive promotional information about this service offered by Sport and Recreation.

Risk warning and media consent

a) Strike out whichever does not apply:

I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program.

I understand that although the Department of Education and Communities, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

b) Please tick whichever applies to you

☐ I consent / ☐ I do not consent to allow the NSW Government to use any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Name (print) _____ Signature _____ Date / /

Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

13 13 02 or visit **www.dsr.nsw.gov.au**

April 2013

NSW | Office of Communities Sport & Recreation