

Consent and Medical Form

:: General Information ::

Surname :		Given Names :	
Age :	DOB:	Phone :	
Gender :	Male / Female	Do you identify as Aboriginal and/or Torres Strait Islander?	Yes / No
Pick-up/Drop off Location: (please circle one)	Blackbutt Yarraman Nanango Kingaroy Wondai Murgon Goomeri Kilkivan		
Activity: (please circle)	Xmas Shopping Trip Beach Trip Wet'n'Wild		
Emergency Contacts:	Name:		Phone:
	Name:		Phone:

:: Medical Conditions / Medication ::

Is there any medical condition or treatment that the organiser or this event needs to be aware of?
Yes / No

Give Details :

I, _____ (participant) hereby accept responsibility for holding and administering any medication/s needed during the course of the program/activity/trip.

Signature (Parent/Guardian):

Date :

PLEASE PROVIDE CLEAR INSTRUCTIONS AND LABELS ON ALL MEDICATION.

:: Declaration ::

I fully comprehend and willingly assume the responsibilities and risks of participation in this activity. I agree to follow all instructions and guidelines given by the supervisors.

I do hereby release, discharge and indemnify South Burnett C.T.C Youth Services Inc. and all their staff and volunteers blameless against all and any injury sustained against me / my child and / or my / their property in any way arising out of my participation in this trip.

I understand that alcohol, offensive material and illicit drugs are totally prohibited.

I understand that by signing this declaration:

1. All information given to C.T.C Youth Services is private and confidential to myself and to CTC Youth Workers.
2. Statistics may be gathered from my file and collated for general reporting to State or Commonwealth bodies.
3. I authorise the coordinator to obtain medical attention as may be needed and understand that I am responsible for the costs.

:: Photo Consent ::

I give CTC permission to use any photographs/video footage taken from this trip/program for promotional purposes.
Yes: No:

For more information contact CTC Youth Services on (07) 4162 7788.

Name of Participant (please print) :	
Signature of Participant :	Date :
Name of Parent / Guardian (please print) :	
Signature of Parent / Guardian :	Date :