



Permission Note & Medical Form

The information on this form is to help prepare the leaders in case of an emergency and will be treated with the utmost confidence.

PERSONAL DETAILS OF YOUTH

Full Name: _____ Year: _____ DOB: _____

Youth Leader: _____

PARENT/GUARDIAN DETAILS & EMERGENCY CONTACT

Full Name: _____ Relationship To Youth: _____

Address: _____

Home No: _____ Mobile No: _____

Email Address: _____

MEDICAL DETAILS OF YOUTH

Doctor: _____ Contact No: _____

Medicare No: _____ Position on card: _____ Valid til: _____

Private Health Fund: _____ Member. No: _____

Does your child take prescribed medication? Yes / No

Does your child have a diagnosed medical condition? (Diabetes, epilepsy, asthma, etc) Yes / No

Does your child have any known allergies? (Penicillin, bee stings, nuts, etc) Yes / No

Does your child have any physical limitations? (Back problems, nose bleeds, migraines, etc) Yes / No

Does your child have any dietary requirements? (No gluten or lactose, vegetarian, etc) Yes / No

Are there any other medical concerns? Yes / No

If yes to any of the above please give details: _____

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I, _____ (parent/legal guardian) give permission for _____ to attend any onsite & offsite HBC Youth Event for 2016. I

understand that all care will be taken for the safety of my child and will not hold any leader, paid or voluntary, responsible for any accident or injury. I authorise leaders to seek any medical attention if necessary for my child. I also permit photos to be taken of my child. Photos may be used for promotional reasons or on closed social media pages. I permit my child to ride in a car driven by a leader with a Full License. (strike out if inapplicable)

Legal Guardian Signature: _____ Date: _____

SURNAME:

FIRST NAME:

YR: