

## Ku-ring-gai Chase Catholic Parish

**This consent and medical form must be completed by all youth attending the**  
**\_\_\_\_\_ Activity on the \_\_\_\_\_**

### Participant Details

Participants Name: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Emergency Contact Name: \_\_\_\_\_  
Emergency Contact Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Consent and waiver

\_\_\_\_\_ (participants name) has my permission to participate in the Ku-ring-gai Chase Catholic Parish \_\_\_\_\_ activity on the \_\_\_\_\_ (date).

Although the leaders will take all reasonable care to ensure both the comfort and safety of all participants I understand that neither Ku-ring-gai Chase Catholic Parish nor any of its agents will incur any responsibility or liability whatever for any accident or sickness to any participant or any damage to his or her property which may happen through any circumstances other than gross negligence on the part of Ku-ring-gai Chase Catholic Parish or its agents.

### Health / Wellbeing Statement

Please indicate any illness/disability that the participant experiences of which the leaders should be aware (eg asthma, mental illness, depression, physical disability)

\_\_\_\_\_ Does the participant have any special needs that the leaders need to be aware of?

\_\_\_\_\_ Does the participant need to take any medication for a medical condition?

\_\_\_\_\_ Please indicate any allergies

\_\_\_\_\_ Is the participant a capable swimmer? YES / NO

\_\_\_\_\_ Are there any other issues that the leaders should be aware of in caring for the participant:

\_\_\_\_\_ Medicare Number:

\_\_\_\_\_ Medical Fund: \_\_\_\_\_ Number: \_\_\_\_\_

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed medical doctor of the above named participant in the event of a medical emergency which, in the opinion of the attending physician, may endanger his or her life, cause disfigurement, physical impairment or undue discomfort if delayed. This authority is granted only after a reasonable effort has been made to reach me:

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Travel Consent

As a parent and/or guardian, I do herewith authorize the above named participant to travel to this event by one or more of the following methods (please initial):

\_\_\_\_ By public transport accompanied by other members of the group.

\_\_\_\_ By car driven by a licensed youth group leader or parent.

\_\_\_\_ By car driven by a licensed young person

Parents Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parents Name: \_\_\_\_\_ Parents Phone Number: \_\_\_\_\_