

# JULY SCHOOL HOLIDAY FUN CONSENT FORM

Childs Surname: \_\_\_\_\_ First Name: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parents Email Address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Address: \_\_\_\_\_

Suburb: \_\_\_\_\_ P/Code: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relation: \_\_\_\_\_ Contact Number: \_\_\_\_\_

As a parent / guardian of ..... I, ....., give my consent for Him/Her to participate in the YMCA Recreation Program. I authorize that in the event of an accident or medical problem the instructors may obtain any medical assistance which they deem necessary and agree to cover all medical expenses. I also indemnify the YMCA of South Australia and it's agents from any legal action as a result of any accident of injury incurred by my child.

## Photo and Video Consent

During any given session, photographs and / or video footage may be taken of the participant for the purpose of YMCA promotion. Our Centre's Duty of Care ensures that children's safety and privacy if of the highest priority at all times.

Do you consent to your child being photographed or filmed by authorized personnel? Yes ☐ No ☐

I have read and understood this registration/ consent form, policy/ information hand book and filled out, to the best of my ability including the attached medical form.

## MEDICAL INFORMATION

### Does your child have, or has ever had, any of the following: (if yes, please provide details)

Allergies Yes / No \_\_\_\_\_

Epilepsy Yes / No \_\_\_\_\_

Recurring Injuries / Current Medical Problems Yes / No \_\_\_\_\_

A History of Previous Injuries or Medical Problems If yes, please Explain \_\_\_\_\_

Back or Neck Pain Yes / No \_\_\_\_\_

Treatment for Head, Back or Spinal Injuries Yes / No \_\_\_\_\_

Have Asthma or Other Breathing Disorders (medication must be provided) Yes / No \_\_\_\_\_

Recurring pain in any joint, or area of the body with physical activity? Yes / No \_\_\_\_\_

Does your child take any form of medication? (If so, what?) Yes / No \_\_\_\_\_

### Does your child have, or has ever had, any of the following: (If yes, please provide details)

Hepatitis A	Yes / No	Hepatitis B	Yes / No
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Hernia	Yes / No	Diabetes	Yes / No
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Heart Problems	Yes / No	Heart Murmur	Yes / No
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Concussion	Yes / No	Bronchitis	Yes / No
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Pneumonia	Yes / No	Fainting or Dizzy Spells	Yes / No
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Fracture / dislocations in the last 3 years (If yes, where?) Yes / No \_\_\_\_\_

Atlantoaxial Instability (only relevant for children with Down syndrome) Yes / No \_\_\_\_\_

Any other relevant information? \_\_\_\_\_