



CONSENT, INDEMNITY & MEDICAL FORM

As a (Parent/Guardian of) _____

I _____ give my consent for him/her to take part in the Blue Light Outdoor Adventure Activity to be held at Noorla Yo-Long on / / to / / .

I have seen the program for the camp and acknowledge that risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognise that accidents may occur.

The staff and supervisors have my authority to take whatever action they think necessary to ensure the safety, well being and successful conduct of the participants as a group or individually in the above mentioned activity.

If my child becomes ill or is accidentally injured, Noorla Yo-Long Blue Light Camp and the South Australia Police accepts no liability for any personal injury or lost property suffered by my child during the period of the camp.

Signed (Parent/Guardian) _____

Print Name _____

Date / /

EMERGENCY CONTACT INFORMATION

(This Information is Strictly Confidential)

In Case of Emergency Contact _____ Ph _____

Family Doctor _____ Ph _____

Medicare Number _____

Private Medical Cover Y / N

Is your Child currently taking Medication? Y / N

(If currently taking medication please state reason and type of medication) _____

Is your child allergic to PANADOL or PENICILLIN Y / N (Please Circle)

Has your child recently had a tetanus immunisation? Y / N Date _____

Are there any illnesses your child currently suffers? eg. Asthma/ Allergies, Diabetic, Fits, Injuries

Has your child been close to anyone with any Communicable Disease eg. Measles, mumps, etc. within the last 21 days? Y / N

If there is any other information, which might help us care for your child, please enclose.

CONSENT FOR PHOTOGRAPHS

From time to time, photographs of participants are taken at Noorla Yo-Long while they are involved in activities. These photos may be published in our newsletter or on our website to show others groups the types of activities that we offer.

We would like to obtain your consent before including your child in any such display. The images will not include any personal information regarding individual's identities.

Could you please fill in the following slip below to indicate your consent.

I give consent for my child's (name) _____
photos to be taken during Noorla Yo-Long Activities.

I give consent for my child's (name) _____
photos to be used in the Noorla Yo-Long website and/or in the Noorla Yo-Long Newsletter.

Signed:

(Parent / Guardian)

Date: _____