

APPENDIX 8

PARENTAL CONSENT FORM FOR MINORS (U18)

PURPOSE:

Consent from parents for minors (Under 18 years of age) to participate in all activities conducted by SLSA.

DISTRIBUTION:

Forms are enclosed and stocks should be held by the club.

CLUB RESPONSIBILITY:

Ensure parents complete and sign forms at time of initial or renewal of membership or prior to any activity being conducted outside of the normal nipper training day.

Clubs are to ensure that they maintain originals for club records.



**PARENTAL CONSENT FORM
FOR MINORS (UNDER 18)**

I hereby give my consent for my child/children:

List name/s

..... to participate in any activity arranged, or participated in, by Surf Life Saving Queensland during the ensuing twelve (12) months from the date of the agreement; and I hereby give my permission for my child/children to use such known forms of transport, including air transport, for such travelling as may be deemed necessary.

I agree that, during the period(s) of the aforesaid activities in which my child/children participates, and during such travelling and other activities as may be deemed necessary, my child/children shall be under the sole direction of the person(s) duly appointed in charge of the squad(s) and/or team(s) in which he/she is included.

Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of \$2,000 and these expenses must be incurred within 12 months of sustaining injury.

Signed (Parent / Guardian)

Date:/...../.....



MINOR'S (UNDER 18) MEDICAL HISTORY AND AUTHORISATION

My child/children have been immunized against (please show year immunized if known):

Child 1: Name/Details.....
Child 2: Name/Details.....
Child 3: Name/Details.....

Date of last anti-tetanus injection: .Child 1...../...../....., Child 2...../...../.....,
Child 3...../...../.....,

My child/children suffers from asthma (please tick) Yes [] No []

List names affected by asthma.....

Medication available:.....

My child/children are known to be allergic to: (Provide names if more than 1 child)

.....
.....

Medicare No:

Private Health Insurance:

Is your child/children insured against accident/injury for competitions and associated activities (eg. training, travel, etc.) other than the SLS Insurance Policy?

Yes [] No []

Name of Company (if insured):

.....
Any other relevant medical history:

.....
.....

Is your child/children suffering from an injury or condition which is likely to be aggravated by the proposed activities?: Yes [] No []

If so, please give details (provide names if more than 1 child).....

.....
.....

I hereby authorise the obtaining on my behalf of such medical assistance as my child/children may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anesthetic, as may be deemed necessary by the Medical Officer attending. I understand that Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of \$2,000 and these expenses must be incurred within 12 months of sustaining injury.

Signed:

Parent/Guardian

Date:/...../.....



PERSONAL DETAILS
MINORS (UNDER 18)

Name/s: Child 1 _____
Child 2 _____
Child 3 _____

Address: _____
_____ Postcode: _____

Phone: _____ (H) _____ (W)

Date of Birth: Child 1/...../....., Child 2/...../.....,
Child 3/...../.....,

Surf Life Saving Club: _____

Father's Name: _____

Business Address: _____

Business Phone: _____

Mother's Name: _____

Business Address: _____

Business Phone: _____

Any relevant family history:

In the case of an emergency please contact: _____

The personal details requested are to enable contact to be made with a minor's
parents in the event of any emergency and are STRICTLY CONFIDENTIAL.

Signed: _____ (Parent/Guardian) Date:/..../....