



The life of the beach.

Parental Consent Forms for Minors (U18)

PURPOSE:

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

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.



Surf Life Saving Queensland
Parental Consent Form
Minors (U18)

DECLARATION

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 \$5,000 and these expenses must be incurred within 12 months of sustaining injury

Parent/Guardian's Signature

Date



Surf Life Saving Queensland
Personal Details
Minors (U18)

CHILD'S INFORMATION

Surname

Given name/s

Address

Phone (H)

Phone (M)

Surf Life Saving Club

Branch

Email address

Date of birth

Age

Gender

M F

EMERGENCY CONTACT DETAILS

Full Name

Relationship

Address

Phone (H)

Phone (M)

Phone (W)

Email Address

Any relevant family history?

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

Parent/Guardian's Signature

Date



Surf Life Saving Queensland
Medical Form
Minors (U18)

MEDICAL INFORMATION

I am up to date with immunisations?

YES NO UNSURE

Date of last anti-tetanus injection

Do you suffer from any of the following?

- | | | |
|--|--|---|
| <input type="checkbox"/> Allergic condition* inc. food | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> Diabetes | <input type="checkbox"/> A current illness (e.g. flu) |
| <input type="checkbox"/> Skin condition | | <input type="checkbox"/> Other |

If yes to one or more, please give details (attach sheet if necessary)

Medicare number

Private Health Insurance

Are you insured against accidents for activities other than the SLS Insurance Policy?
(If yes, please indicate the name of the company)

Any other relevant medical history?

Do you have any special dietary requirements?

DECLARATION

I hereby authorise the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, 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 \$5,000 and these expenses must be incurred within 12 months of sustaining injury.

Parent/Guardian's signature

Date