KURRAWA Surf Life Saving Club Inc
Affiliation with Surf life Saving Queensland South Coast Branch Inc
PO BOX 1599, Broadbeach Qld 4218
Phone: 07 5538 0120
Fax: 5527 5660

KURRAWA SURF LIFE SAVING CLUB PARENTAL CONSENT FORM
FOR MINORS (UNDER 18)

I hereby give my consent for my **son/daughter**……to participate in any activity arranged, or participated in, by Kurrawa SLSC, South Coast Branch, Surf Life Saving Queensland or Surf Life Saving Australia, during the ensuing twelve (12) months from the date of the Agreement; and I hereby give my permission for **him/her** 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 **son/daughter** participates, and during such travelling and other activities as may be deemed necessary, my **son/daughter** 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.

Signed:…….. (*Parent/Guardian)*

Date: / /

PERSONAL DETAILS MINORS (UNDER 18)

Name:……

Date of Birth:……..

Phone:…….

Club:…….

Address:……

……

……..

Postcode:……

Father's Name:…….

Father's Phone:…….

Mother's Name:…….

Mother's Phone:…….

Any relevant family history:

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……

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

Signed:…….. (*Parent/Guardian)*

Date: / /

MINOR'S (UNDER 18) MEDICAL HISTORY AND AUTHORISATION

My **son/daughter** has been immunized against (please show year immunized if known):
……
……

Date of last anti-tetanus injection: / /

My **son/daughter** suffers from asthma (please tick) **Yes**[ ] **No**[ ]
Medication available:
……
……

My **son/daughter** is known to be allergic to:
……
……

Medicare No: Private Health Insurance:
…… ……

Is your **son/daughter** insured against accident/injury for competitions and associated activities (e.g. training, travel, etc) other than the SLS Insurance Policy? **Yes**[ ] **No**[ ]

Name of Company (if insured):
……

Is your **son/daughter** suffering from an injury or condition which is likely to be aggravated by the proposed activies? **Yes**[ ] **No**[ ]

If so, please give details:
……
……

Any relevant medical history:
……
……

I hereby authorise the obtaining on my behalf of such medical assistance as my **son/daughter** may require in the event of 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.

Signed:…….. (*Parent/Guardian)*

Date: / /