

ARCHERY AUSTRALIA Inc
PARENT / GUARDIAN CONSENT FORM

Juniors accompanied by their parents or a legal guardian do not need to complete this consent form. But this form MUST be completed for any junior who will not be accompanied by his/her parents/guardian.

IS THIS INFORMATION CONFIDENTIAL?

YES, this information will be disclosed to those people who need to be informed.

I will be participating at the

Name of event.....

From: To:

.....
Signature of Participant

.....
Signature of Parent/Guardian
(if participant is under 18)

Address:.....

.....

Telephone Home:(Mobile).....

Family Doctor's Name and Address:

Address:

.....Post Code:.....

Telephone: Medicare No:

Medicare/Hospital Insurance Fund:.....No:.....

Medical Condition

* Please Specify Medical Condition/Allergies:

.....

.....

Is specific care recommended ? If YES, please specify

.....

.....

Tetanus Immunisation Booster Date:

.....

Medication currently on: Type, Dosage:

.....
.....
.....

CONSENT TO MEDICAL ATTENTION

I authorise the Team Manager / Head Coach / Organising Committee of this event to consent to medical or surgical treatment as may be deemed necessary for my son/daughter if it is impractical for prior communication with me and agree to pay all medical and/or dental expenses incurred.

.....
Signature of Participant

.....
Signature of Parent/Guardian
(if participant is under 18)

Date:.....