

GLENHAVEN PARK MEDICAL & CONSENT FORM

PO Box 28 Stockport SA 5401 email- glenhavenpark1@bigpond.com Phone- 08 85282250

Name of participant:	Group & Dates of camp:		
Address:			
Age:	DOB: / /	Gender:	
Emergency Contact: Name:			
Phone: (hm)	(wk)		
Medicare No.	Ambulance Cover: Y/N		
Private Medical Cover: Y/N			
Doctors Name & Address:		Phone:	
Do you suffer from: any chronic injury or illness? Y/N (details)			
Asthma Triggers: Y/N (details)			
Do you have any allergies? (e.g. drugs, food, plants) Y/N (details)			
Do you suffer from: Heart Problems? Y/N (details)			
Blood Pressure? Y/N (details)			
Do you have any emotional/behavioural disorders? Y/N Phobias? Y/N			
If yes please specify:			
Do you require medication? Y/N			
If yes please specify:			
Have you been ill or required medical attention in the last 4 weeks? Y/N			
If yes please specify:			
Have you been diagnosed with Covid 19 or been in contact with anyone who has in the last 4 weeks? Y/N			
If yes please specify:			
If yes, have you been tested and are you now all clear?			
If you have seen a doctor in the last four weeks please attach a medical certificate consenting to the participants attendance			
Special Dietary Requirements?			

ADULT CONSENT

I understand that Glenhaven Park and its instructors will take reasonable duty of care for the welfare and safety of those attending Glenhaven Park but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going to Glenhaven Park may involve participation in activities of a hazardous nature, though Glenhaven Park and its instructors will take reasonable duty of care to minimise risk to participants. I have detailed herein and on any attached pages any disabilities or susceptibilities that may affect me, that may place me at greater greater than normal risk. I authorise Glenhaven Park and its instructors to obtain medical assistance and/or ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation.

I consent to photos taken of myself/my child at Glenhaven Park are able to be used for publicity purposes only.

Yes

No

I acknowledge that attending Glenhaven Park might entail the use of the swimming pool for activities and give my consent for myself/my child to participate in these activities.

Yes

No

I consent to myself/or my child attending Glenhaven Park and participating in activities on this understanding

Yes

No

Signature

Full Name

Date

The information provided by participants will only be used by Glenhaven Park to meet the duty of care responsibilities of the business and will only be disclosed for purposes directly related to the purpose for which it is collected.