



# Medical History

Full Name of participant			
I am up to date with immunisations:			
Yes	No	Unsure	Date of last Anti-Tetanus Injection
Do you suffer from any of the following?			
Allergic condition* inc. food		A disability or chronic illness	
Epilepsy, fits or blackouts		Diabetes	
Skin condition		Asthma	
A current illness (e.g. flu)		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?			
Has the member had any recent operations, injuries or illnesses of any kind? If yes, please elaborate.			
Do you have any special dietary requirements?			
Declaration			
I hereby authorise the obtaining on my behalf of such medical assistance as I 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. I agree to pay the cost of any such medical assistance and any associated costs and expenses and to reimburse Surf Life Saving Queensland Inc. for any such costs and or expenses incurred.			
Parent/Guardian Signature	+	Date	
Parent/Guardian Name			



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# Emergency Contact

Full Name of participant					
In case of an emergency, please provide us with contact details of the following:					
Emergency Contact Name		Relationship			
Address					
		State		P/C	
Phone (H)		Phone (M)		Phone (W)	
Any relevant family history?					
The personal details requested are to enable contact to be made with the provided name above in the event of an emergency and are STRICTLY CONFIDENTIAL					
Parent/Guardian Signature					Date



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# Parent Consent

<b>Declaration</b>			
I hereby give my consent for my child/children:			
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.			
Parent/Guardian Signature			
		Date	