

## Consent Form

Participant information		
Name:		Preferred name:
Date of birth:	Phone:	Email:
Address:		

Emergency contact details	
Contact person:	Relationship:
Primary contact number:	Other contact number:

Medical details		
So we can be prepared for any eventuality, and to understand the needs and limitations of everyone participating, please indicate whether you have ever experienced any of the following. The information you provide here will remain confidential.		
Asthma: <small>If yes, date of last episode</small>	Heart problems:	Diabetes:
High blood pressure:	Allergies: <small>If yes, please state</small>	Level of fitness: (low/medium/high)
Recent illness/injury: <small>If yes, please state</small>	Any physical disability:	Any other conditions that may affect your ability to participate:
Anaphylaxis:	Dietary requirements: <small>If yes, please state</small>	
Do you require any medication to be taken during the activities? If yes, please state what medication and the dose required: Do you need assistance to take the medication?		

Participant consent – please circle/tick the activities you plan to attend!				
<b>Mon 3/4</b> Gym Group Music Group	<b>Tues 4/4</b> Mosaic Workshop	<b>Wed 5/4</b> 1000 Steps	<b>Thurs 6/4</b> Move your Body	<b>Fri 7/4</b> Board games
<b>Mon 10/4</b> Gym Group Music Group	<b>Tues 11/4</b> Gardening Chocolate Making	<b>Wed 12/4</b> No Program	<b>Thurs 13/4</b> Move your Body	<b>Fri 14/1</b> No Program (Good Friday)
Please return consent form either in person or email to <a href="mailto:headspacegroups@alfred.org.au">headspacegroups@alfred.org.au</a>				
Date: _____ Signature: _____				

If you are under 18 years old, please have your parent/guardian complete the following:
I, _____, being the parent/guardian of the participant named above, give consent for them to participate in the activities selected above
Date: _____ Signature: _____