

Spring Break 2017 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 <i>circle/tick</i> the activities you plan to attend!				
Mon 3/4 Music Group YAC	Tues 4/4 Collingwood Children's Farm Outing **	Wed 5/4 Board games	Thurs 6/4 Echoes	Fri 7/4 No program
Mon 10/4 Pawasitive Dog Walkers Peer Space	Tues 11/4	Wed 12/4 Veggie Gardening Garden Party!	Thurs 13/4 Table Tennis Tournament	Fri 14/1 No Program
<p>** Limited places available and only available to clients who have already attended activities with headspace Bentleigh.</p> <p>Please return consent form either in person or email to headspacegroups@alfred.org.au</p>				
Date: _____ Signature: _____				

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