

Permission Form



Section A - Personal Details

First Name	Middle Name	Last Name
Address		
Mailing Address If Different		
Email address	Date Of Birth	
Daytime Phone	Age	
Evening Phone	Male / Female	
Mobile Number		
Emergency Contact Details		

Section B – Medical

Date of last Tetanus Injection	Are you a confident swimmer Yes / No Can you swim <input type="checkbox"/> 10m <input type="checkbox"/> 25m <input type="checkbox"/> 50m+	If Female are you pregnant Yes / No <input type="checkbox"/> 1-13 wks <input type="checkbox"/> 14-26 wks <input type="checkbox"/> 26+ weeks
Please indicate if you suffer / have suffered from		
<input type="checkbox"/> Allergies	<input type="checkbox"/> Heart Complaints	<input type="checkbox"/> Mental Illness
<input type="checkbox"/> Poor Balance	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other
<input type="checkbox"/> Asthma	<input type="checkbox"/> Epilepsy	Description
Do you have any further medical conditions		
Special Dietary Requirements		

Section C– Permission

In the event of an accident or illness, I authorise the obtaining of such medical assistance for myself as may be thought necessary by the camp director. **I accept that I am fully responsible for my own actions.**

I Understand images/videos of my child may be taken, and from time to time they may be used for promotional purposes. If you are unhappy with this please tick here.

Signature (Participant)	Date
Signature (Parent / Guardian)	Date