

Medical and Indemnity Form (2015)

Confidential

This information is collected by the Bardon Anglican Church for the primary purpose of providing a safe environment for all attending Bardon Anglican Church youth and children events in 2015 ("Program"). This information will only be shared with others in order to provide a safe environment and appropriate care. This information will be kept for one year and updated by the Bardon Anglican Church yearly. If any information changes before January 2016 please contact Bardon Anglican Church to update the information.

Personal Information of Child Name	Name:		
	Date of Birth:		
	School Grade:		
	Mobile/Home Phone (if applicable):		
	Home Address:		
Information of parent/s or carer/s [Please include both]	Name:		
	Mobile:		
	Home phone:		
	Email Address:		
	Are there any Custody/Access Matters?	Yes/No	
Medicare and Health Fund Details	Medicare Number:		
	Are you a member of a Health Care Fund?	Yes/No	
	If so, name the fund:		
Medical Information - Yes/No [If 'yes', please include details]	Allergies:	Yes/No	
	Asthma:	Yes/No	
	Seizures:	Yes/No	
	Bedwetting:	Yes/No	
	Has your child ever been given penicillin?	Yes/No	
	Was there an adverse reaction?	Yes/No	
	Is your child currently taking any medication?	Yes/No	
	Are there any dietary requirements?	Yes/No	
	Are there any other matters we should be aware of?	Yes/No	
Further Medical Details:			
Emergency Contacts	Name:		
	Telephone/Mobile:		
	Family Doctor Name:		
	Telephone/Mobile:		
	Specialist Name:		
	Telephone/Mobile:		

Program	Bardon Youth and Children Events during 2015
Participant's Full Name	

I, _____ (name of parent or guardian or self if over 18 years),
 hereby:

1. consent to my/my child's participation in all the activities associated with the Program (including transport);
2. authorise and consent to The Corporation of the Synod of the Diocese of Brisbane and its officers, employees and agents obtaining and administering medical and dental assistance, including first aid, 'over the counter' medications (including antihistamines and paracetamol), blood transfusion and/or anaesthetic if required;
3. indemnify and keep indemnified The Corporation of The Synod of The Diocese of Brisbane and its officers, employees and agents from all damages, costs, charges, expenses, actions, claims, liabilities and demands which may be made against The Corporation of The Synod of The Diocese of Brisbane or its officers, employees or agents (excepting circumstances relating to acts of negligence by The Corporation of The Synod of The Diocese of Brisbane) in relation to:
 - damage to or loss of property, goods and equipment that occurs during, or as a result of, a wilful act of my child/me;
 - medical advice, treatment, hospitalisation and related costs;
 - arrangements for my child/me to return home in the instance of bad behaviour;
 - the death or personal injury of my child that occurs during, or as a result of, participation in the Program or any of its related activities
4. I hereby release and hold harmless The Corporation of The Synod of The Diocese of Brisbane and its officers, employees and agents from all rights of action which I may have against them (excepting circumstances relating to acts of negligence by The Corporation of The Synod of The Diocese of Brisbane) in relation to any loss, damage, personal injury or death that occurs during, or as a result of, the Program or any of its related activities.

Do you give permission for photographs or video footage of your child from these youth activities to be used in promotional material advertising future camps and youth events? Yes No

Would you like to be contacted in the future about upcoming events? Yes No

Signed: _____ Date: ____/____/____

Print Name: _____

Relationship to participant: _____