

THAC v1.

Permission, Indemnity and Medical form (Adult)

Personal Contact details:

Name of participant: _____

Date of Birth: / /

Residential Address: _____

Suburb/Town: _____ Postcode: _____

Emergency contact: _____

Landline Ph: _____

Mob Ph: _____

Privacy information

- insert relevant details into the Privacy statement

*Privacy Information

All the information recorded on this form is collected and managed in accordance with the THAC Privacy Policy.

If you do not want this information to be used for any other purpose other than THAC please notify us in writing:

Permission to participate in Program Activities:

I consent to taking part in the approved program of activities which is attached/provided

Signed: _____

Date: _____

Confidential Medical Report:

Please tick if any of the following apply

asthma

Additional

blood disorders

blackouts

heart condition

blood pressure

diabetic

migraines

allergic reactions (eg bee stings, penicillin) _____ Last tetanus immunization: / /

other; _____ Medicare No: _____

Any special care required? (please specify): e.g.
(HIV, not to have blood transfusions, and
treatments required, etc)

Are any medications being taken? Yes

No

If yes, please state the name of the medication,
dosage, etc

THAC vI.

I authorise the leader in charge of the group to arrange for medical treatment, as the leader may deem necessary at any time during the program activities. I further authorise the use of Ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary I accept responsibility for payment of all expenses associated with such treatment.

Please tick if you agree.

I understand that this information will be stored in a secure and confidential manner.

Medical/Hospital fund: _____

Membership No: _____

Name of family Doctor: _____ Ph: _____

Ph: _____

Dietary Requirements: Please list any special dietary needs (include any food allergies): _____

Permission to be photographed or filmed

I give permission for my self to be photographed and/or videotaped for the purposes of THAC. I understand that as a safety precaution my family name will not be published on the Internet and there will be no linkage of names with photographs.

Signed: _____ Date: _____