



Maitland Gaol

6 – 18 John Street (PO Box 249)
EAST MAITLAND NSW 2323

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Maitland Gaol Activity Medical and Consent Form - Adult

Activity Details:

Activity: _____ Date: ____ / ____ / ____

Participant Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____ Phone: _____

Male: Female:

Special/Dietary Needs:

Please identify any special needs or requirements (eg. diet, wheelchair access etc.)

Medical Information:

Any allergic condition Skin condition Diabetes

Epilepsy, fits or blackouts Disability/chronic illness Asthma (include plan)

Current illness (eg. flu)

Other: _____

If yes to one or more, please give details (attach sheet if required)

Medicare Number: _____ Position Number on Medicare Card: _____

Health Care Card: _____ Pension Health Benefits Card: _____

Pharmaceutical Benefits Card: _____

Private Fund: _____ Number: _____

Ambulance Cover: Yes No

How did you hear about this activity?

Word of Mouth Television Advert. Television Programme

Newspaper Advert. Newspaper Editorial Yellow Pages

Promotion Flyer Previous Visit Site Signage

Other: _____

Please complete the following page of this form

Risk Waiver:

I wish to attend the Maitland Gaol activity described above.

In the case of an emergency, I authorise the staff of the activity, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am attending the activity.

I understand that although Maitland Gaol/Maitland City Council and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this activity.

Full Name of Participant:

Signature:

Date:

____ / ____ / ____

Privacy Statement:

Maitland Gaol of 6-18 John Street, East Maitland 2323 and Maitland City Council of 285-287 High Street, Maitland, NSW 2320 will collect and store the information you voluntarily provide to enable processing of applications for this activity. The information will be provided to the supervisors for the activity and you consent to this disclosure. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to Maitland Gaol can be accessed by you during standard office hours and updated by writing to Maitland Gaol or phoning (02) 4936 6482.

Full Name of Participant:

Signature:

Date:

____ / ____ / ____