



Maitland Gaol

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

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Maitland Gaol Activity Medical and Consent Form - Child

Activity Details:

Activity: _____ Date: ____ / ____ / ____

Participant Details:

Surname: _____ Given Names: _____

Address: _____

Postcode: _____

Date of Birth: ____ / ____ / ____ Age: _____ Male: Female:

Parent/Guardian Details:

	Mother/Guardian	Father/Guardian	Guardian/Other Contact
Full Name:	_____	_____	_____
Home Phone:	_____	_____	_____
Work Phone:	_____	_____	_____
Mobile	_____	_____	_____

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)
 ADD/ADHD Sleep walking 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

Please complete the following page of this form

Current Medication:

Time and Dosage – Please specify exact time of medication										
Name:	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
<i>Eg. Bricanyl</i>	8am	2 puffs					9pm	2 puffs		

Notes:

1. Scheduled medication must be provided in the original container (as required by legislation).
2. All medications will be collected and administered by staff, unless notified in writing to the contrary.
3. Staff will supervise and register the taking of all medication.

Risk Waiver:

I agree to my child's/ward's attendance at 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 my child/ward 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 my child/ward is 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 Parent/Guardian: _____

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 Parent/Guardian: _____

Signature: _____

Date: / /

How did you hear about this activity?

- | | | |
|--|--|---|
| <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Television Advert. | <input type="checkbox"/> Television Programme |
| <input type="checkbox"/> Newspaper Advert. | <input type="checkbox"/> Newspaper Editorial | <input type="checkbox"/> Yellow Pages |
| <input type="checkbox"/> Promotion Flyer | <input type="checkbox"/> Previous Visit | <input type="checkbox"/> Site Signage |
| <input type="checkbox"/> Other: _____ | | |