

Consent Form

Participant information		
Name:		Preferred name:
Date of birth:	Phone:	Email:
Address:		

Emergency contact details	
Contact person:	Relationship:
Primary contact number:	Other contact number:

Medical details		
So we can be prepared for any eventuality, and to understand the needs and limitations of everyone participating, please indicate whether you have ever experienced any of the following. The information you provide here will remain confidential.		
Asthma: <small>If yes, date of last episode</small>	Heart problems:	Diabetes:
High blood pressure:	Allergies: <small>If yes, please state</small>	Level of fitness: (low/medium/high)
Recent illness/injury: <small>If yes, please state</small>	Any physical disability:	Any other conditions that may affect your ability to participate:
Anaphylaxis:	Dietary requirements: <small>If yes, please state</small>	
Do you require any medication to be taken during the activities? If yes, please state what medication and the dose required: Do you need assistance to take the medication?		

Participant consent – please circle/tick the activities you plan to attend!				
Mon 9/1 Music Walk'N'Talk	Tues 10/1 City Day	Wed 11/1 Mosaic Workshop	Thurs 12/1 Move your Body Mindfulness	Fri 13/1 Bushwalk
Mon 16/1 Boardgames	Tues 17/1 Let's get sensational	Wed 18/1 Gardening	Thurs 19/1 Move your body Mindfulness	Fri 20/1 Self & Identity
Mon 23/1 Music Walk'N'Talk	Tues 24/1 No program	Wed 25/1 Beach day & BBQ	Thurs 26/1 No program	Fri 27/1 Gardening
Mon 30/1 Boardgames	<i>Please return to Elysa Watson e.watson@alfred.org.au</i>			
Date: _____ Signature: _____				

If you are under 18 years old, please have your parent/guardian complete the following:
I, _____, being the parent/guardian of the participant named above, give consent for them to participate in the activities selected above
Date: _____ Signature: _____