

Summer Break 2019 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:		

Participant consent – please circle/tick the activities you plan to attend!					
31/12 Monday	1/1 Tuesday <i>New Year's Day</i>	2/1 Wednesday	3/1 Thursday	4/1 Friday	
7 /1	8/1 Board games 12:00pm-1:30pm	9/1 Learn 2 Skate 12:00-1.30pm	10/1 Table Tennis 1:00-2:30pm	11/1 **Bowling and Pizza 11:00am- 3:00pm	
14/1	15/1 **Australian Open Outing 10:00am- 4:00pm	16/1 BBQ and Feedback garden party! 12:30-2:30pm	17/1 Table Tennis 1:00-2:30pm	18/1 **Beach activities and BBQ 11:00am- 3:00pm	
21/1	22/1 **Arthur's Seat Circuit walk 10:00am- 4:00pm	23 /1 Learn 2 Skate 12:00-1.30pm	24/1 Table Tennis Tournament 12:30pm – 2:30pm	25/1 **Royal Botanic Gardens outing 11:00am- 3:00pm	
** Limited places available and only available to clients who have already attended activities with headspace Bentleigh. Please return consent form either in person or email to headspacegroups@alfred.org.au					
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: _____