

## Easter Break April 2018 Consent Form

Participant info	rmation						
Name:		Preferred name:					
		Phone: Email:					
Address:							
Emergency con	tact details						
Contact person:				Relationship:	·		
Primary contact number:			Other contact number:				
Medical details					111	•	
So we can be preparational place	•	-				of everyone he information you	
provide here will re			nave ever experi	enced any or tr	ie ioliowing. I	ne information you	
Asthma:		Hear	Heart problems: Dial		Diabetes:	Diabetes:	
If yes, date of last episode  High blood pressur	.6.	Allergies:		Level of fitness: (low/medium/high)			
-		If yes, please state					
Recent illness/injury:  If yes, please state		Any physical disability:		Any other conditions that may affect your ability to participate:			
Anaphylaxis:			Dietary requirements:		anect your a	bility to participate.	
Do you require any	medication to be		olease state on during the activ	ities? If yes, ple	ase state what	t medication and the	
dose required:			_				
Do you need assist	ance to take the n	madica	tion?				
20 700	arice to take the h	ilealea	itioni				
-				tias vav plan	to attend		
Participant con	sent – please c		<b>'tick</b> the activit		to attend!	Fri 6/4	
-				Thurs 5/4		Fri 6/4 Edgars Mission	
Participant con	sent – please c Tues 3/4 Board Games (12-17yrs)	ircle/	Vick the activity Wed 4/4 Veggie gardening 11:00am-	Thurs 5/4		Edgars Mission outing**	
Participant con	sent – please c Tues 3/4 Board Games	ircle/	<b>tick</b> the activit Wed 4/4 Veggie gardening	Thurs 5/4 Table Tennis		Edgars Mission	
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Thank you for completing this consent form. If you have any questions please do not hesitate to contact Olivia or Sarah on 9076 9400 or <a href="mailto:headspacegroups@alfred.org.au">headspacegroups@alfred.org.au</a>