

Winter Break July 2018 Consent Form

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

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

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| **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:  If yes, date of last episode | Heart problems: | Diabetes: |
| High blood pressure: | Allergies:  If yes, please state | Level of fitness: (low/medium/high) |
| Recent illness/injury:  If yes, please state | Any physical disability: | Any other conditions that may affect your ability to participate: |
| Anaphylaxis: | Dietary requirements:  If yes, please state |
| 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? | | |

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| **Participant consent** – *please* ***circle/tick*** *the activities you plan to attend!* |
| |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Mon 2/4**  **Pawsative Dog Walking**  3.30 – 4.30pm | **Tues 3/4**  **\*\*City Outing: Bowling and Laser Tag**  10am-1:30pm | **Wed 4/4**  No Program | **Thurs 5/4**  **Table Tennis Tournament**  1:00-3:00pm  **Move your body!- Reformer Pilates**  2:30-3:30pm | **Fri 6/4**  **Board Games**  **(12-17yrs)**  12:00pm-1:30pm | | **Mon 9/4** | **Tues 10/4**  **\*\*Myuna Farm Outing**  11:00am-3:30pm | **Wed 11/4**  **Veggie Gardening- Working Bee**  10:00- 12:00pm  **Know Your Rights**  1:00pm- 4:00pm | **Thurs 12/4**  **Table Tennis**  1:30-2:15pm  **Move your body!- Reformer Pilates**  2:30-3:30pm | **Fri 13/4**  **\*\*Street Art workshop**  1:30-4:30pm | | *\*\* 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*](mailto:headspacegroups@alfred.org.au) | | | |   Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |