

# Student Event Permission Form

Activity Details			
Event			
Venue			
Start		Finish	
Cost			

## Contact Details

Student Details			
Name			
Address			
Mobile		Year Level	
School Email			
Personal Email			

Parent/Guardian's Details			
Name			
Relation to Student		Mobile	
Work		Home	
Email			

Emergency Contact Person <i>(if Parent/Guardian listed above is unavailable)</i>			
Name			
Relation to Student		Mobile	

## Medical Details

Medical Information		
Condition	Y/N	If YES, provide additional information
Does your child have any pre-existing illnesses or conditions (eg asthma, diabetes etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any pre-existing injuries that could affect participation during the event? (e.g. Back problems, broken arm, sprained ankle etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any diagnosed behaviour problems (e.g. ADHD, sleeping disorders, anxiety disorder etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is your child on any medication?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any special dietary requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your child have any allergies? Including food, animal, medication and/or other. How are these allergies treated if they occur?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Medicare	
Child's Medicare Number	

Health Insurance (if applicable)	
Private Health Insurance	
Ambulance Subscription Fund	

Anything else we should know, but have not mentioned?

## Consent

I give permission for my child to participate in the above activities on the date/s specified.

I understand that duty of care and supervision by the supervising adults will only be guaranteed for the duration of the event. This means that there needs to be prompt pick up and drop off, of students.

I further acknowledge that he/she will be subject to the control of the person/s in charge of the excursion/activity, and that he/she is required to obey all reasonable rules relating to safety and behaviour. I agree to pay the cost and be responsible for the transport of my child to and from the event. I agree to transport my child home in the event of his/her behaviour being deemed unacceptable by the person/s in charge of the excursion/activity.

In the event of illness or injury to my child, I understand that I will be notified as soon as possible. However, if it is not reasonably possible to communicate with me, I authorise the person/s in charge to consent to any medical treatment of my child that is deemed to be necessary by a qualified medical practitioner, including the administration of an aesthetic.

I agree to pay any fees and expenses incurred in providing medical treatment to my child, including transportation and hospital accommodation expense where necessary.

I agree to notify the organisers of the excursion/activity as soon as possible should there be any changes to my child's medical details or medication requirements.

I further agree for photographs of my child to be used in promotional material for this organisation and give permission for the contact details of my child to be distributed among the participants/leaders of the event and placed on the National YCS database.

Consent	
I (the student) agree to abide by any rules set for the event/activity especially the non-negotiable rules. I authorise for YCS Adults to contact my parent/s if I do not abide to these rules.	
Student Signature	Parent/Guardian Signature
Date Signed:	Date Signed: