

PESLSC Junior Medical Form

***Does the child have a diagnosed medical condition that may require support?** Yes No

If Yes, please tick relevant condition/s and provide details (eg. inhaler for asthma, blood glucose monitoring for diabetes, Adrenaline auto-injector for anaphylaxis)

- Epilepsy/Seizures
- Asthma
- Diabetes
- Chronic Illness
- Disability/ASD/ADHD
- Skin Conditions
- Mental Health Needs

Details:

JUNIOR MEMBER DETAILS

Surname: _____
 Given Names: _____
 Date of Birth: _____ Age as of Sep 30th: _____
 Gender: M F
 Postal Address
 Street: _____
 Town: _____ Postcode: _____

Allergies

***Does the child have any allergies?** Yes No

If Yes, please tick relevant allergy and provide details

- Bees
- Dairy Products
- Gluten
- Nuts
- Penicillin
- Yeast
- Other (specify)

Details:

Are there any allergy related dietary restrictions? Yes No

Medicine (eg. Adrenaline auto-injector for anaphylaxis)

Details of child's Doctor / Clinic

*Doctor /Clinic name: _____ *Address: _____
 *Phone number: _____ *Suburb/Town: _____ *Postcode: _____

Immunisations

* Is your child up to date with relevant Immunisations? Y / N

If your child has been regularly immunised, when was their last anti tetanus injection? _____

Health Care / Medical Management / Medication Plan

*** If the child has any individual emergency or routine health care / medical management needs (e.g. seizure management, toilet support, diabetes management, supervision of medication, anaphylaxis first aid) the site will need a health care / medical management / medication plan from the treating doctor / health professional.** Is your child able to identify/manage their medical treatment plan? Y / N

* Health care/ management / asthma plan attached? Yes No Up to date plans must be provided in order to participate.

*** EMERGENCY CONTACT DETAILS**

First Contact
 Name: _____ Relationship to Child
 Primary Phone # _____ Alternative Phone #

Second Contact
 Name: _____ Relationship to Child
 Primary Phone # _____ Alternative Phone #

Any other relevant medical information we should know about?

* Medicare Number : _____
 OPTIONAL - Private Health Insurance Provider : _____ Policy Number/Ref : _____

DECLARATION

I hereby authorise the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness, I authorise the administering of such medical treatment including the use of anesthetic, as may be deemed necessary by the Medical Officer attending.

Parent / Guardian's Signature : _____ Date : _____

Name : _____

Media Consent and Release – 2020-2021

I hereby irrevocably grant to Port Elliot Surf Life Saving Club (PELSC), SLSSA, SLSA and partners all rights in and to the photographs, images, videotape and sound recordings made of my child during the 2020-2021 Surf Life Saving Season.

The rights granted include perpetual, exclusive and unencumbered right to use, edit, reproduce, distribute, telecast, publish and otherwise exhibit an image worldwide, including excerpts, in any form of media.

In addition, the rights granted include the right to use the image or any portion thereof, name voice, likeness, biographical material to publicise and advertise the image/or services of PELSC and its grant holders.

I hereby release and indemnify the grant holders and hold the grant holders harmless from and against;

- I. Any liability based on any personal, property, residual, reuse or other right which I have or may have by virtue of any such use of my child's name, voice, likeness, biographical material or related clips in which the child appears, or as a result of the exhibition, telecast or distribution of the Appearance or any portion thereof;
- II. Any claim arising out of any of my child's acts or statements made in connection with the image (including but not limited to defamation, invasion of privacy and the like)
- III. Any claim for further consideration or compensation for the image or the rights granted hereunder.

I have the full right and legal capacity as Parent or Guardian to sign this Consent and Release. I have read or have had someone read to me this Consent and Release prior to signing it and I understand its contents.

Child's name: _____

Parent or Guardian's name: _____

Signature of Named Parent or Guardian: _____

Date: _____