

Medical and consent form – Adult

Complete form in BLOCK LETTERS

Participant details

First name	Last name	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth
<input type="text"/>	<input type="text"/>		<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address		Postcode	
<input type="text"/>		<input type="text"/>	
Email			
<input type="text"/>			
Home phone	Mobile phone	Work phone	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Program details

Group booking name	Venue	Date from	Date to
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

Medical information

Do you have any medical conditions including allergies, diabetes, epilepsy, asthma (provide asthma plan), a current illness, a disability/chronic illness, pregnancy? ☐ Yes ☐ No

If yes, please give details

<input type="text"/>
<input type="text"/>
<input type="text"/>

Medicare number	Valid until	Position number on Medicare card
<input type="text"/>	<input type="text"/> / <input type="text"/>	<input type="text"/>
Next of kin name	Next of kin phone contact number	
<input type="text"/>	<input type="text"/>	

Special requirements and dietary needs

Please identify any special needs or requirements not listed above e.g. diet, wheelchair access etc.

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Optional information

Are you of Aboriginal or Torres Strait Islander descent? (for statistical purposes only) ☐ Yes ☐ No

Are you from a culturally or linguistically diverse background or community?

(for statistical purposes only) ☐ Yes ☐ No



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Sport & Recreation

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Optional information

Health care card number

Pharmaceutical benefits concession card

Pensioner health benefits card

Private health insurance fund

Number

Do you have ambulance cover? ☐ Yes ☐ No

Privacy statement

Communities NSW of 6 Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures.

If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only.

Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to Communities NSW can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

Risk warning and media consent

a) I agree to attend the Centre/ program to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise Communities NSW, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for me to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while I am participating, or attending the Centre/ enrolled in the program.

I understand that although Communities NSW, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

b) Please tick whichever applies to you:

☐ I consent / ☐ I do not consent to allow the NSW Government to use any photograph, sound and film recordings taken of myself at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Name (print)

Signature

Date

Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

13 13 02 or visit **www.dsr.nsw.gov.au**

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