

EPIK CONSENT FORM

EVENT	Qld Youth Alive 9th September 2011– Brisbane River Stage
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PERSONAL DETAILS:

Given Name:		Surname:	
Ph No:		M/F	D.O.B
Address			
		P/code:	
Occasionally photos / video footage from youth events are used on future brochures & other Epik promotional material (Including Promo Videos, Web based promotion and Print Media). Please indicate if you are happy for your child's photo / footage to be used.			Yes / No

SAFETY AND CARE DETAILS:

In the event of an emergency, please list a phone number where you and a friend or relative may be contacted during the course of the camp.		
Name	Relationship to Child	Phone Number

MEDICAL DETAILS:

Please list your Medical Insurance details:	
Please list your Medicare Number:	-----
Will your child need to take any tablets or medication during the course of the event?	
If yes, please list the medication:	
Has your child been taken off medication recently?	Yes No
Can your child be given paracetamol (Panadol) as a painkiller?	Yes No
What is the year of your child's last tetanus injection?	
Has your child previously broken/fractured any bones?	Yes No
If yes, please list:	

Please list the relevant columns if your child has had any of the following: Give details if necessary			
Condition	In the Past	Presently	Details: e.g. severity, last injection treatment etc
Asthma			
Appendicitis			
Bronchitis			
Chicken Pox			
Diabetes			
Ear Infections			
Epilepsy			
Fits/Convulsions			
Glandular Fever			
Hyperactivity			
Hypoactivity			
Heart Problems			
Measles			
Mumps			
Pneumonia			
Tonsillitis			
Allergy - foods			
Allergy – animals			
Allergy – other			
Other illness			
Other matters			

PARENT/GUARDIAN AGREEMENT
IPSWICH REGION COMMUNITY CHURCH
(A.C.N 078 320 180 A.B.N 75 078 320 180)

In allowing your child to attend Qld Youth Alive, you consent to his/her participation in travelling by provided transport to and from the venue. Yes No

Do you consent to your child travelling in a leader's car, for medical or necessary program transportation? The event director will veto all use of any leader cars and will only request their use if absolutely necessary Yes No

Are there any activities that you do not wish your child to participate in?

Yes No If yes, please specify:

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IN CONSIDERATION the event put on at Qld Youth Alive provided for our child, we hereby absolutely release and discharge Ipswich Region Community Church and its employees agents and voluntary helpers from and against all claims whatsoever arising out of death, personal injury or loss of or damage to personal property that we or the child may suffer or sustain in the course of this event provided and we hereby indemnify and agree to keep indemnified you Ipswich Region Community Church and your employees agents and voluntary helpers against all claims whatsoever by us or the child or by any person claiming through us or through the child on our behalf or on behalf of the child in any way arising, and this discharge may be pleaded in Bar to any such claim. **PROVIDED** that the above does not apply to any claim or any claim to the extent that Ipswich Region Community Church is indemnified by a policy of insurance issued by a solvent insurer and **WE FURTHER AGREE** that in the event of injury to our child, you are authorised by us to obtain at our expense any medical, ambulance or like services that you in your absolute discretion think necessary or desirable. I understand that in cases of unacceptable behaviour of delegates will be sent home.

Ipswich Region Community Church wishes to advise that any personal information supplied in this document will be handled in accordance with the provisions of the Privacy Act 1988 [Cth]. All personal information will be securely stored for the legally required length of time, with access to this information restricted by the protocols of our database system Connection Power.

SIGNATURE PARENTS / GUARDIANS

Date:

Print name of Father/Guardian

Signature of Father/Guardian

Print name of Mother/Guardian

Signature of Mother/Guardian