

## EPIK CONSENT FORM

|              |                       |
|--------------|-----------------------|
| <b>EVENT</b> | Summer Southbank Dash |
|--------------|-----------------------|

### PERSONAL DETAILS:

|                    |  |                 |  |                |  |
|--------------------|--|-----------------|--|----------------|--|
| <b>Given Name:</b> |  | <b>Surname:</b> |  |                |  |
| <b>Ph No:</b>      |  | <b>M/F</b>      |  | <b>D.O.B</b>   |  |
| <b>Address</b>     |  |                 |  |                |  |
|                    |  |                 |  | <b>P/code:</b> |  |

|   |          |
|---|----------|
| 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. |                              |                     |
| <b>Name</b>   | <b>Relationship to Child</b> | <b>Phone Number</b> |
|   |                              |                     |
|   |                              |                     |
|   |                              |                     |

### MEDICAL DETAILS:

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

Please list the relevant columns if your child has had any of the following, giving 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     |             |           |  |

**ACTIVITY DETAILS:**

|  |          |
|--|----------|
| Do you give consent for your child to participate in the photo-based activities and challenges put on during the Summer Southbank Dash event at Southbank? | Yes / No |
|--|----------|

Please note we will be swimming between the flags and first aid qualified youth leaders will watch the youth if we swim in the pool.

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 Epik's Summer Southbank Dash at Southbank, you consent to his/her participation in travelling by provided transport to and from the venue. 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. A bus has been organised as the primary means of travel to and from the venue.

Yes / No

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

Yes / No            If yes, please specify:

.....

**IN CONSIDERATION** the event put on at Epik's Summer Southbank Dash 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.

**SIGNATURE PARENTS / GUARDIANS**

Date: .....

\_\_\_\_\_  
Print name of Father/Guardian

\_\_\_\_\_  
Signature of Father/Guardian

\_\_\_\_\_  
Print name of Mother/Guardian

\_\_\_\_\_  
Signature of Mother/Guardian