

**MEDICAL INFORMATION, CONDITIONS OF UNDERTAKING ACTIVITY  
AND AUTHORISATION FOR EMERGENCY TREATMENT FORM**  
St Matthew's Anglican Church, Prahran

**PART 1 - DESCRIPTION OF ACTIVITY**

Event Name: Youth Ministry Activities including the Victorian Christian Youth Convention

Location of Activities: Various: St Matthews Anglican Church Prahran, Wesley Grammar School , Belgrave Convention Centre, Other Off-site locations during the year.

Activities Involved: Youth Group, student Group, Victorian Christian Youth Convention

Date: / /

Person(s) in Charge: T Lauersen, S Bazzana

**PART 2 – MEDICAL INFORMATION ABOUT THE PARTICIPANT**

(This information is to be provided by the participant to assist the church in case of any medical emergency which may arise. All information is held in confidence).

Full Name:.....

Address:..... Postcode:.....

Telephone Contact:..... Home: ..... Mobile:.....

Date of Birth:..... Gender: Female  Male

Age: ..... School Year:.....

Full name of Parent or Guardian:.....

Emergency Contact Number:.....

Name, address and telephone number of Family Doctor: .....

Medicare number:..... Blood Group (if known) ..... Ambulance Subscriber? Yes/No

Other Health Care / Insurance (Please specify):.....

Please tick if the participant suffers any of the following conditions:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Low Blood Pressure      | <input type="checkbox"/> Fits of any type |
| <input type="checkbox"/> Heart Condition     | <input type="checkbox"/> Dizzy spells, blackouts | <input type="checkbox"/> Sleepwalking     |
| <input type="checkbox"/> Asthma              | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Migraine         |
| <input type="checkbox"/> Travel sickness     | <input type="checkbox"/> Haemophilia             | <input type="checkbox"/> Other            |

Please specify any other disabilities or conditions requiring care during the activity (e.g. impaired hearing or vision, back problems) .....

Please specify any known allergies (eg. Penicillin, other drugs, foods, plants, animals). Also give details describing the level of seriousness and nature of reaction and necessary treatment.

Year of completed tetanus immunisation or last booster:

(If over 10 years since immunisation or last booster, participants are advised to arrange a booster prior to the activity)

Can the participant receive blood transfusions? Yes  No

Please specify any medication the participant may be taking during the activity. (Indicate name and dose of medication)

Have the participant suffered any recent illness or injuries? Yes  No

If yes, please give details.

**PART 3 – (Complete only if applicable to activity)**

Please rate the swimming ability of the participant.

Unable  Poor  Good  Excellent

(Unable = nothing more than dog paddle).

(Poor = basic strokes, only limited strokes beyond domestic swimming pool).

(Good = strong swimmer, able to confidently swim in a variety of water conditions. eg. surf, lakes and rivers).

(Excellent = very strong and confident, could swim 50metres fully clothed).

**PART 4 – AUTHORISATION BY MYSELF, PARENT OR GUARDIAN FOR EMERGENCY TREATMENT**

In the event of my self / son / daughter requiring medical attention I understand that the person in charge of the activity will endeavor to communicate with me concerning the required action. If this is not possible, the person in charge will administer or oversee whatever treatment he / she judges to be reasonably necessary. I am also responsible for the cost of any medical treatment deemed necessary.

Signature:..... Date:.....

Signature of parent or guardian (if under 18 years):..... Date:.....

**PART 5 – CONSENT TO PUBLICITY**

I understand that on occasion's photographs and or video footage of my child will be taken during activities and I am happy for my child to be captured in appropriate settings. I am also happy for these photos or footage to be used to promote Church Ministry in a way that does not identify their names or details. My child is also happy for this to take place.

Signature:..... Date:.....

**PART 6 – CONDITIONS OF UNDERTAKING ACTIVITY**

**Release**

The undersigned, in consideration of being permitted by St Matthew's Prahran to undertake the activities / participate in the activities DOES HEREBY irrevocably, personally and for his or her heirs, RELEASE St Matthew's Anglican Church Prahran from all actions, suits, causes of action, claims and demands whatsoever which the undersigned now has or at any time hereafter may have or which but for the signing of this form might have had against the St Matthew's Anglican Church Prahran for loss of or damage to property or bodily injury or death, howsoever caused, including negligence, resulting from or arising out of or in any way connected with the events, trips or activities.

**Assumption of Risk**

The undersigned further states and affirms that he or she is aware that the activities, even under the safest conditions possible, may be hazardous; that he or she has received an activity / activities program outlining planned activities and potential risks; and that he or she assumes the risk of any and all loss of or damage to property and or bodily injury or death, howsoever caused, including negligence, resulting from, arising out of or in any way connected with the event or trip, and that he or she has read and understands all the provisions herein contained.

**Indemnity**

The undersigned hereby agrees to indemnify and keep indemnified the St Matthew's Anglican Church Prahran, its members, representatives, officers, agents and employees and each of them against any claim, suit, action or demand brought against them or each of them by any person for loss of, or damage to property or bodily injury or death caused by any act or omission of the undersigned (including criminal, reckless or negligent acts or omissions) whilst participating in or otherwise in connection with the events or trips.

**Participant Responsibility**

The undersigned agrees as a representative of St Matthew's Anglican Church Prahran to act in an appropriate manner as well as respecting and following the instructions from leaders and relevant staff.

Signature of participant:..... Date:.....

Where the participant is below the age of 18 years, a parent or guardian is to sign in the space provided below.

I, (parent/guardian name) .....HEREBY STATE that I have read and understood the provisions of this form and I consent to the participant undertaking the activities / participating in the activities on the terms herein contained. I agree to indemnify and keep indemnified St Matthew's Anglican Church Prahran, its members, representatives, officers, agents and employees against any claim suit or demand brought against them or each of them by any person for loss of or damage to property or bodily injury or death caused by any act or omission of the participant (including criminal, reckless or negligent acts or omissions) whilst undertaking any activity or participating on any trip.

Signature:..... Date:.....

**Names of people allowed to collect my child in the event that I am unable:**

If a person other than the parent or authorized persons named above is to collect the child on a particular day, permission must be given in person by the parent on the day.

Signed \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_

(parent/Guardian)