

# Medical and consent form – Adult

Complete form in BLOCK LETTERS

## Participant details

First name	Last name	<input type="checkbox"/> Male	Date of birth
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Female	<input type="text"/> / <input type="text"/> / <input type="text"/>
Postal address		Postcode	
<input type="text"/>		<input type="text"/>	
Email	Sport and Recreation customer no.		
<input type="text"/>	<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 conditions such as allergies, diabetes, epilepsy, asthma (provide asthma plan), a current illness, a disability/chronic illness, pregnancy?  Yes  No

If yes, please give details

  

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Medicare number	Valid to	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 eg. diet, wheelchair access etc.

  

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## Optional information

Are you of Aboriginal or Torres Strait Islander descent? (for statistical purposes only)

Yes  No

Are you or your parents from a Non-English speaking background?  
(for statistical purposes only)  Yes  No

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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

The Department of Education and Communities 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 the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

I do not wish to receive promotional information about this service offered by Sport and Recreation.

## Risk warning and media consent

a) Strike out whichever does not apply:

I agree to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorize the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward 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 my child/ward is attending the Centre/ enrolled in the program.

I understand that although the Department of Education and Communities, 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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**Office of  
Communities**  
Sport & Recreation