

Medical and consent form – Teacher

Complete form in BLOCK LETTERS

Participant details

Surname

Given names

Address

Postcode

Name of organisation

Program details

Program number (if known)

Venue

Program dates (from)

 / /

Program dates (to)

 / /

Special/Dietary needs

Please identify any special needs or requirements eg. diet, wheelchair access etc.

Medical information

Do you suffer from any of the following?

Any allergic condition

Sleep walking

A disability or chronic illness

Epilepsy, fits or blackouts

Diabetes

A current illness eg. flu

Skin condition

Asthma (include asthma plan)

Other

If yes to one or more, please give details (attach sheet if required)

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



Communities
Sport & Recreation

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Optional information

| | | | |
|--------------------------------|---|---|-------------------------|
| Medicare number | Position number on Medicare card <input type="checkbox"/> | Valid to | Health care card number |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Pensioner health benefits card | Pharmaceutical benefits concession card | | |
| <input type="text"/> | <input type="text"/> | | |
| Private health insurance fund | Number | Do you have ambulance cover? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| <input type="text"/> | <input type="text"/> | | |

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 centre programs. The information will be provided to instructors of the program and their supervisors, where necessary, and you consent to this disclosure.

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.

Medical assistance and media consent

I wish to attend the above mentioned program. In the case of an emergency, I authorise the program 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 enrolled with the program.

I agree / I do not agree to allow Communities NSW to use my name and any photographs, sound and film recordings taken of me at this program for the promotion of Communities NSW's services and initiatives to the media and to the general public.

| | |
|----------------------|----------------------|
| Signature | Date |
| <input type="text"/> | <input type="text"/> |

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**