Activity Consent Form & Approval
by Parents or Legal Guardian

This form is to give consent for school excursion activities whether staying overnight or day visiting. Activities **may** include: Archery / Swimming / Mission Mud Course/ Bush Survival / Outback Art / Star Warts Night Game / Big Screen Movie Night – G rating movies only – BYO Movies / Bonfire night / Orienteering / Games and Initiatives / Adventure Hike an / Bush Walking / Kayaking / Bus Transport /Laser Skirmish/ Theme Parks/ Camping under the Stars

First name of participant and middle initial _______________ Last name ________________

Address _______________________ City_________________State _____ P/C _________

Email Address ____

Birth date (month/day/year) ____/____/______ Age during activity ___________________

From ______________ to ______________. (Date)(Date) O Without restrictions O Special considerations or restrictions: ____

Hold Harmless Agreement:

I understand that participation in LUTS Inc and School Camps Qld activities involves a certain degree of risk and can be physically, mentally, and emotionally demanding. I have carefully considered the risk involved and have given consent for myself or my young person to participate in this activity. I also understand that participation in this activity is entirely voluntary and requires participants to abide by applicable rules and standards of conduct. I release LUTS Inc and School Camps Qld, the local council, the activity coordinators, and all employees, volunteers, related parties, or other organisations associated with the activity from any and all claims or liability arising out of this participation. I also allow outdoor group photos to be taken of my young person and used for other school promotional purposes.
In case of emergency involving my young person, I understand every effort will be made to contact me. In the event I cannot be reached, I hereby give my permission to the medical provider selected by the adult leader in charge to secure proper treatment, including hospitalisation, anaesthesia, surgery, or injections of medication for my young person. Medical providers are authorised to disclose to the adult in charge examination findings, test results, and treatment provided for purposes of medical evaluation of the participant, follow-up and communication with the participant's parents or guardian, and/or determination of the participant's ability to continue in the program activities.

Participant's signature____

Date ____________ Parent/guardian printed____

Parent/guardian signature __________________________________ Date ____________

Area code and telephone number (best contact and emergency contact) Email (for use in sharing more details about the trip or activity)

Leadership Under the Stars Inc. STUDENT MEDICAL AND PROGRAM CONSENT FORM

This information is confidential and will not be used to deny participation in the program.

Surname: ______________________________ Given Names:_______________________________

Age: ___________________ Date of Birth: _________________________________ Gender: M / F

Address: ____

Suburb / Town: _______________________ State: _________________Postcode: _____________

Emergency Contact 1(Name): __________________________________ Relationship: ______________

Phone Number: (H) _______________________ Phone Number: (W/ Mobile) __________________

Emergency Contact 2(Name): __________________________________ Relationship: ______________

Phone Number: (H) _______________________ Phone Number: (W/ Mobile) __________________

We must be able to contact the above people 24 Hours a day

Doctors Name:___________________________________ Phone Number: ______________

Ambulance Subscriber: Yes / No If Yes Number: __________________________

(for non QLD residents only)

Medical Cover (Agency): ________________________ Number:________________________

Medicare Number: ____

MEDICAL HISTORY

When was your last Tetanus Booster ___/____/___ If 10 years + you are advised to arrange a booster before program

Is your child fully immunised? ____

Have you ever suffered from:	**YES**	**NO**	**If YES please give further details and complete section for Prescribed Medication**
Asthma			
Allergies - Plants / Food / Insects			
Diabetes			
Epilepsy			
Heart Problems			
Recent Illness / Operations			
Sleep Walking			
Migraines			
Behavioural Issues eg ADD			

Disabilities			
Current Infection Diseases			
Other			

Is your child currently taking medication?

Drug Name	Dosage	Frequency	Doctor Instructions

Please sure medication is clearly labelled with child's name and dosage and requirements and handed to the accompanying adult before departure to LUTS Inc. No medication is to be carried by a child unless accompanying adult it advised.

Do you authorise the provision of **Panadol** to the participant should the need arise? Yes / No

Signed (Parent/Guardian if participant is under 18): ____

If **"yes"**, please state the dosage: ____

Does your child wear contact lenses? Yes / No

Does your child have any other condition we should be aware of? Yes / No

Details: ____

If you have any further details which may assist us in taking care of your child during this program, please attach a separate note to this form. You may also wish to discuss any concerns with us personally.

Further information attached to this form: Yes / No

DECLARATION

This medical information is confidential and will be used to help LUTS Inc and School Camps Qld respond to any injury or throughout duration of the LUTS Inc &School Camps Qld program. The completion of all sections is very important. Any mention of SCQ includes LUTS volunteer helpers.

I acknowledge that through participation in the program activities, as organised by School Camps Qld, that in addition to usual risks inherent, certain other risks and dangers may be encountered, which may include (but not limited to): remoteness to normal medical services, moderate physical exertion for which my child may not be prepared; weather extremes subject to sudden unexpected change; evacuation difficulties if my child is disabled. I accept the fact that while staff are skilled and experienced, they can not guarantee my child's safety since some are risks.

In an emergency, I understand every effort will be made to contact parent/guardian immediately, however, I hereby authorise employees in obtaining on my behalf of such medical assistance as my child may accident/illness. I further authorise qualified medical practitioners to administer anaesthetic if the need arises. I understand that I am responsible for the costs incurred in obtaining such medical attention/treatment. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the Laws of Australia.

Print Name: ____ Date:_____/_____/_____

Signature of Parent/Guardian: ____