

Medical and custody form

- one per child



Child's Full Name:

Date of Birth:

Sex:

Male

Female

1. Does your child have a medical condition (including without limitation any of the following conditions listed below or a preexisting injury)? (Please tick box). This information may not disqualify your child from participating in the program; rather it will enable the instructor to take better care of their needs.

Joint or Muscular Problems

Autism

ADHD/ADD

Heart Condition

Heart Condition

Diabetes

Epilepsy

Asthma

Any Respiratory Problems

Anaphylaxis

Other:

Provide Action Plan:

2. Does your child have any allergies?

YES

NO

If yes, please specify:

3. Is your child on medication?*

YES

NO

If yes, please specify:

*If your child will be on medication during their attendance, please speak with the supervisor upon arrival to discuss your child's medication requirements.

4. Are you aware of any reason why your child should not exercise without medical approval?

YES

NO

If yes, please specify:

5. Is there any custodial information or any Family Court orders affecting custody of, or access to the children?

YES

NO

If yes, please give details of who is authorised to collect child/ren and provide a copy of the court order:

6. To assist us to communicate with you in the event of an outbreak of a National Health and Medical Research Council (NHMRC) listed communicable disease, can you please confirm if your child/ren is/are immunised in accordance with NHMRC guidelines?

YES

NO

Don't Know

I do not wish to disclose

7. Emergency Contacts (if different from booking form)

Emergency Contact 1:

Contact number:

Emergency Contact 2:

Contact number:

I confirm that I have disclosed all relevant medical and health information in writing as per the above. I agree that I have made Urban Jungle Indoor Rock Climbing aware of all physical, mental or health conditions which could be aggravated, worsened or impaired by my child's participation in physical exercise or programs. I consent to medical treatment being administered to my child in an emergency.

Print name:

Date:

Signature (parent/guardian): _____