ACTIVITY CONSENT AND HEALTH FORM FOR YOUTH MEMBERS

Job's Daughters International - Jurisdictional Guardian Council of Queensland

FORM 2

YOUTH MEMBER DETAILS

Given Name/s	
Surname	
Date of Birth	
Bethel	
Medicare Number	
Reference No. and Expiry Date	

HEALTH & WELLBEING INFORMATION

Please help JDIqld to prepare and care for the health and wellbeing of your Job's Daughter.
Attach Care Management Plan(s) and/or relevant details (including medications if required).

Do any of the following apply to the above-named member?

☐ **ADHD**	☐ **Fainting**
☐ **Allergies/Intolerances**	☐ **Hay Fever**
☐ **Anaphylaxis**	☐ **Nose Bleeds**
☐ **Anxiety**	☐ **Cultural Requirements**
☐ **Asthma**	☐ **Sleepwalking**
☐ **Autism Spectrum Disorder**	☐ **Food Intolerances**
☐ **Diabetes**	☐ **Other**

Details

Does JDIqld JGC need to be aware of any illness or physical disability of the member?

☐ Yes ☐ No

If yes please provide details

Does JDIqld JGC need to be aware of anything else regarding your Job's Daughters mental health and wellbeing? If yes, provide details

☐ Yes ☐ No

If yes please provide details

For water-based activities, can the member swim unaided?

☐ Yes ☐ No

Metres

DISCLAIMER

I agree to the named Youth Member, participating in all activities organised by JDIqld JGC; except the activity/ activities listed below (leave blank if none):

I acknowledge that all activities organized follow appropriate safety protocols, including a completed risk assessment available on request. I understand that I can discuss the content or any specific safety concerns with the Event Coordinator or Jurisdictional Guardian.

I authorize the First Aid Officer to administer first aid, seek ambulance, medical, or dental treatment for the named Youth Member. All reasonable attempts to contact the emergency contact listed below will be made prior to treatment unless urgent.

I consent to the release of health information on this form to any person who provides medical aid and care whilst participating in activities.

I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.

I undertake that the named Youth Member will not attend any JDIqld JGC event if she has been in contact with any infectious diseases.

To the best of my knowledge all information is complete and correct.

I agree to the named Youth Member being included in ANY media (including social media).

I agree that I am responsible for notifying JDIqld JGC regarding any changes to the named Youth Member's health information in writing, that is relevant to her participation in activities organised by JDIqld JGC

I confirm that the information provided on this form replaces all health and wellbeing information previously provided and is treated with confidence.

Full name of adult	
Relationship to Youth Member	
Phone Number	
Signature	
Date	

Consent is valid for 12 months from the date signed or until updates are provided to the JGC. Forms are renewed annually.