



**ARCHERY AUSTRALIA Inc**  
**PARENT / GUARDIAN CONSENT FORM**

Juniors accompanied by their parents or a legal guardian do not need to complete this consent form. But this form MUST be completed for any junior who will not be accompanied have his/her parents/guardian.

**IS THIS INFORMATION CONFIDENTIAL?**

YES, this information will be disclosed to those people who need to be informed.

I ..... will be participating at the

Name of event.....

From: ..... To: .....

.....  
Signature of Participant

.....  
Signature of Parent/Guardian  
(if participant is under 18)

Address:.....

.....

Telephone Home: .....(Mobile).....

Family Doctor's Name and Address: .....

Address: .....

.....Post Code:.....

Telephone: ..... Medicare No: .....

Medicare/Hospital Insurance Fund:.....No:.....

**Please indicate (Tick or Cross if your son/daughter suffers or wears):**

<b>Condition</b>	<b>Condition</b>	<b>Other Conditions*</b>
Asthma	Migraine	Allergies *
Bed Wetting	Sleep Walking	Drug Allergy *
Diabetes	Travel Sickness	Food Allergy *
Ear Disorder	Contact Lenses	Glue Tape/Allergy *
Epileptic Fits	Dental Plate	Insect Bites/Stings
Fainting	Braces	Penicillin Allergy
Heart Condition	Loose Teeth	

\* Please Specify Condition/Allergies:  
.....

.....  
Is specific care recommended ? ..... If YES, please specify .....

.....  
.....

Tetanus Immunisation Booster Date:  
.....

Medication currently on: Type, Dosage:  
.....  
.....  
.....

### **CONSENT TO MEDICAL ATTENTION**

I authorise the Team Manager / Head Coach / Organising Committee of this event to consent to medical or surgical treatment as may be deemed necessary for my son/daughter if it is impractical for prior communication with me and agree to pay all medical and/or dental expenses incurred.

.....  
Signature of Participant

.....  
Signature of Parent/Guardian  
(if participant is under 18)

Date:.....