



## MWGC Medical Advice and Consent Form 2016

### Programs, Events, Birthday Parties and Vacation Care

Parent/Carer Name \_\_\_\_\_ Childs Name \_\_\_\_\_

Program \_\_\_\_\_ Dates (Start) \_\_\_\_\_ (Finish) \_\_\_\_\_

Address \_\_\_\_\_ Post Code \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Contact No \_\_\_\_\_ Email \_\_\_\_\_

I \_\_\_\_\_, hereby give permission for MWGC staff, coaches and management to seek medical aid in the event of an accident, injury, or illness to the above visitor.

First aid will be at the discretion of the MWGC staff and any decision to call emergency services will be done with the best of interest for the sick or injured person.

#### **DISCLOSURE**

Does your child have/had any of the following, (Please tick yes or no)	YES	NO
Physical or mental difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Learning or behaviour difficulties	<input type="checkbox"/>	<input type="checkbox"/>
Medical conditions that may require attention	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or intolerances	<input type="checkbox"/>	<input type="checkbox"/>
Special food or beverage restrictions	<input type="checkbox"/>	<input type="checkbox"/>
Injuries within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>

If yes to any of the above please provide details \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signed by Parent or Carer \_\_\_\_\_