

## Junior Chess Training Camp Consent and Medical Form

- This form is to give permission for your child to attend a camp/excursion; and
- To provide medical information that might be needed in case of emergency.
- All information is held in confidence.

Excursion Details	Dates From: Friday March 18 <sup>th</sup> 2011	To: <b>Sunday March 20<sup>th</sup> 2011</b>
Location:	<b>The Lea Scout Camp</b>	
Description:	<b>Chess Coaching, Chess Tournaments &amp; recreational activities</b>	
Co-ordinator:	<b>Mellissa Harvey 0409 016723 (Tasmanian Chess Association)</b>	

### Personal Details

Student's Name	Home Address	Date of Birth

### Emergency Contacts

Name	Relationship	Phone Home	Phone Work
1.			
2			

Doctor	Phone	Address

Medicare Number	Private Health Fund	Number

### Tablets, Medicines, Allergies

Is your child taking any tablets and/or medicine?	No	Yes - please provide details
Does your child have any allergies requiring treatment?	No	Yes - please provide details


- All medicines must be handed to the co-ordinator prior to leaving, with your child's name, the dose to be taken and when it should be taken. (Medicines will be kept by the co-ordinator and distributed as required.)

Any other relevant information: \_\_\_\_\_

### Consent

#### Medical:

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the co-ordinator will arrange such medical or surgical treatment as may be deemed necessary.

#### Participation:

I consent to my child's participation in this activity.

#### Expenses:

I agree to reimburse the co-ordinator for any hospital, medical or ambulance expenses incurred by the TCA on behalf of my child.

Signature of Parent/Carer: \_\_\_\_\_ Date: \_\_\_\_\_

### Declaration

I agree to observe the rules of the camp and to co-operate with the co-ordinator throughout the camp.

Signature of participant: \_\_\_\_\_ Date: \_\_\_\_\_