

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 14 th November 2008 | To: Sunday 16th November 2008 |
| Location: | The Lea Scout Camp | |
| Description: | Chess Coaching, Chess Tournaments & recreational activities | |
| Co-ordinator: | Melissa Harvey 0409 016723 (Tasmanian Chess Association) | |

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

No

Yes - please provide details

Does your child have any allergies requiring treatment? No

No

Yes - please provide details

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- 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:** _____