

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	From: Friday 11 th December 2009	To: Sunday 13th December 2009
Location:	The Lea Scout Camp	
Description:	Chess Coaching, Chess Tournaments & recreational activities	
Co-ordinator:	Mellissa 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	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:** _____