



# INDIVIDUAL RECORD & CONSENT FORM

CONFIDENTIAL

Note: For those under the age of 18, this form is to be completed by parents/guardians prior to the commencement of the programme/event

<b>PARTICIPANT'S DETAILS</b>	
Participant's name:	DOB <input type="checkbox"/> Male <input type="checkbox"/> Female
Parents/Guardian's name: (If participant under 18 years of age)	
Address:	
Contact phone numbers: Participant:	Parent/Guardian:
Alternate emergency contact and relationship to participant:	
Family doctor's name and contact details:	

<b>PLEASE INDICATE IF THE PARTICIPANT SUFFERS FROM THE FOLLOWING:</b>					
Condition (tick)	Severity	Condition (tick)	Severity	Condition (tick)	Severity
<input type="checkbox"/> Epilepsy/fits		<input type="checkbox"/> Asthma/Sinus		<input type="checkbox"/> Blackouts	
<input type="checkbox"/> Diabetes		<input type="checkbox"/> Migraines		<input type="checkbox"/> Sleep walking	
<input type="checkbox"/> Dizzy spells		<input type="checkbox"/> Heart condition		<input type="checkbox"/> Travel sickness	
Other (e.g. any phobias):					

<b>ALLERGIES: (please specify) e.g. medication, food, other (hay fever, bee sting etc.)</b>

<b>MEDICATION BEING TAKEN: (Please list all and use separate sheet if required)</b>			
Med #1:	Dosage:	When:	Reason:
Med #2:	Dosage:	When:	Reason:

Note: Medication brought must be kept in original packaging that identifies prescribing physician, name of medication, dosage and frequency of administration

Last tetanus immunisation date:
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<b>LIST ANY SPECIAL CARE REQUIRED: (e.g. dietary needs, disabilities)</b>

Swimming skills:
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<b>PERMISSION/INDEMNITY SECTION:</b>		
<ul style="list-style-type: none"> <li>&gt; I agree to the participant taking part in overall programme/event and the activities of this group</li> <li>&gt; I agree to the participant being given appropriate First Aid as required—will be administered and recorded by a designated leader</li> <li>&gt; In the event that I cannot be contacted in an emergency, I give permission for the participant to receive such medical treatment as the children's/youth worker/leader may deem necessary</li> <li>&gt; I agree to the participant being transported/picked up/dropped off in Salvation Army or private/rental vehicles arranged by children's/youth worker/leader as necessary</li> <li>&gt; I agree to information about the participant being collected as required for activity-specific forms, accident/incident report forms and statistical purposes</li> <li>&gt; I agree to the use of photographic/video footage that may be taken of the participant and the participant's name to be reproduced and published by The Salvation Army</li> </ul>	<ul style="list-style-type: none"> <li>&gt; I understand that The Salvation Army is part of the Christian Church and as such will run the programme/event on principles and beliefs based on the Christian faith</li> <li>&gt; I understand that all reasonable safety precautions will be taken at all times and that The Salvation Army, the children's/youth workers and leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the participant</li> <li>&gt; I agree to the participant being given minor pain relief (e.g. paracetmol) as appropriate—will be administered and recorded by designated leader (tick) <input type="checkbox"/> Yes <input type="checkbox"/> No</li> <li>&gt; Participant's medication to be controlled and administered by: (please tick) <input type="checkbox"/> Participant <input type="checkbox"/> Designated leader</li> </ul>	
Parent's/Guardian's Signature: (If participant under 18 years of age)	Participants Signature: (18 years and over)	Date:

**Disclaimer:** Personal information collected on this form is to be used for the lawful and necessary purpose of the programme/event and should not be used for any other purpose (refer to The Salvation Army's *Privacy Policy*).

This form and relevant safety management forms can be attached to relevant Programme/Event Overview Form and be accessible (as per The Salvation Army's *Privacy Policy*) as required. Copies should be also stored and kept if required accordingly (e.g. if going offsite).