



Surf Life Saving Queensland
Parental Consent Form
 Minors (U18)

DECLARATION

I hereby give my consent for my child/children:

List name/s

to participate in any activity arranged, or participated in, by Surf Life Saving Queensland during the ensuing twelve (12) months from the date of the agreement; and I hereby give my permission for my child/children to use such known forms of transport, including air transport, for such travelling as may be deemed necessary.

I agree that, during the period(s) of the aforesaid activities in which my child/children participates, and during such travelling and other activities as may be deemed necessary, my child/children shall be under the sole direction of the person(s) duly appointed in charge of the squad(s) and/or team(s) in which he/she is included.

Junior members are covered by the Associations personal accident policy that provides coverage for Non-Medicare Medical Expenses (i.e. dental, physiotherapy) subject to a limit of \$5,000 and these expenses must be incurred within 12 months of sustaining injury.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Surf Life Saving Queensland
Parental / Guardian Code of Conduct Form
 Minors (U18)

D7. Surf Life Saving Parent/Guardian code of conduct

A Parent/Guardian of an SLSA member will

- i) remember that their child participate in surf lifesaving for their own enjoyment.
- ii) focus on their child's efforts and performance rather than winning and losing.
- iii) show appreciation for good performance by all participants.
- iv) never ridicule or yell at their child or other children for making a mistake.
- v) respect officials decisions and teach their children to do likewise.
- vi) not physically or verbally abuse or harass anyone associated with the activities (eg. coach, official, age manager, etc.).
- vii) be a positive role model for others.

Parent/Guardian's Name

Parent/Guardian's Signature

Date



Surf Life Saving Queensland
Medical Form
 Minors (U18)

MEDICAL INFORMATION

I am up to date with immunizations?

- YES NO UNSURE

Date of last anti-tetanus injection

Do you suffer from any of the following?

- Allergic condition inc. food Epilepsy, fits or blackouts Skin condition
 A disability or chronic illness Diabetes Asthma
 A current illness (e.g. flu) Other

If yes to one or more, please give details (attach sheet if necessary)

Medicare number

Private Health Insurance

Are you insured against accidents for activities other than the SLS Insurance Policy? (If yes, please indicate the name of the company)

Any other relevant medical history?

Do you have any special dietary requirements?

DECLARATION

I hereby authorize the obtaining on my behalf of such medical assistance as my child may require in the event of an accident or illness. I authorize the administering of such medical treatment including the use of anesthesia, as may be deemed necessary by the Medical Officer attending. I understand that junior members are covered by the association's personal accident policy that provides coverage for non-Medicare medical expenses (i.e. dental, physiotherapy) subject to a limit of \$5,000 and these expenses must be incurred within 12 months of sustaining injury.

Parent/Guardian's Name

Parent/Guardian's Signature

Date