



**PARENTAL CONSENT FORM
FOR MINORS (UNDER 18)**

I hereby give my consent for my child

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to participate in any activity arranged, or participated in, by Sutherland Shire Netball Association 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, for such traveling as may be deemed necessary.

I agree that, during the period(s) of these activities in which my child participates, and during such traveling and other activities as may be deemed necessary, my child shall be under the sole direction of the Executive of the SSNA, the Coach and/or Manager duly appointed in charge of the team and/or squad(s) in which she is included.

I also give my consent to the following:

1. The President, Secretary, Representative Liaison Officer or suitably qualified medical professional to administer Panadol in the dosage recommended by the Manufacturers to my child.
2. Obtain medical treatment from a suitably qualified medical professional or hospital. I confirm all costs associated with such medical treatment will be borne by me unless covered under the Netball NSW Insurance Scheme, Medicare or Private Health Insurance.

Signed (Parent / Guardian)

Date:/...../.....



MINOR'S (UNDER 18) MEDICAL HISTORY AND AUTHORISATION

My child/children have been immunized against (please show year immunized if known):

Child 1:

Name/Details.....

Date of last anti-tetanus injection:/...../.....,

Is your child fully ummunized against all childhood diseases? Yes [] No []

Is your child immunized against Hep A Yes [] No []

Is your child immunized against Hep B Yes [] No []

My child/children suffers from asthma (please tick) Yes [] No []

Medication available:

My child is known to be allergic to:

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Medicare No:

Private Health Insurance:

Is your child/children insured against accident/injury for competitions and associated activities (eg. training, travel, etc.) other than the Netball NSW Insurance Policy?

Yes [] No []

Name of Company (if insured):

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Any other relevant medical history:

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Is your child/children suffering from an injury or condition which is likely to be aggravated by the proposed activities?: Yes [] No []

If so, please give details

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I hereby authorise the obtaining on my behalf of such medical assistance as my child/children may require in the event of accident or illness. I authorise the administering of such medical treatment including the use of anaesthetic, as may be deemed necessary by the Medical Officer attending.

Signed: Date:/...../.....

Parent/Guardian



**PERSONAL DETAILS
MINORS (UNDER 18)**

Name/s: Child

Address:

_____ Postcode: _____

Phone: _____ (H) _____ (W)

Date of Birth: Child 1/...../.....

Father's Name: _____

Business Address: _____

Business Phone: _____

Mother's Name: _____

Business Address: _____

Business Phone: _____

Any relevant family history:

In the case of an emergency please contact: _____

The personal details requested are to enable contact to be made with a minor's parents in the event of any emergency and are **STRICTLY CONFIDENTIAL**.

Signed: _____ (Parent/Guardian) Date:/..../....