

# Medical Information and Permission Form - Adult (Holiday Activity Program)



## 1. Participant's details

Surname \_\_\_\_\_

First name/s \_\_\_\_\_

## 2. Emergency contact details

Emergency contact's full name \_\_\_\_\_

Relationship to participant \_\_\_\_\_

Home address \_\_\_\_\_

Home phone number \_\_\_\_\_

Mobile phone number \_\_\_\_\_ Work phone number \_\_\_\_\_

## 3. Medical contacts and details

Family's Doctor's Name \_\_\_\_\_ Doctor's phone number \_\_\_\_\_

Has the participant any disabilities or special requirements that program staff need to be aware of or respond to?

No  Yes (Attach more information if necessary)

Details 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

Does the participant have any dietary requirements, medical problems or recent injuries which program staff need to be aware of? (e.g. epilepsy, asthma, diabetes, heart problems, allergies, infectious diseases)  No  Yes

Details 1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_

### Participant's signature:

I \_\_\_\_\_ authorise the Holiday Activity Program staff to seek medical, dental and ambulance treatment in the case of an emergency and agree to accept financial responsibility for such services. I have read, and understand the conditions of **Safety and duty of care** (Section 4, see overleaf).

Participant's signature \_\_\_\_\_ Date \_\_\_\_\_

Witness' signature \_\_\_\_\_ Witness' name \_\_\_\_\_

Witness' address \_\_\_\_\_

#### 4. Safety and duty of care

- I understand the Redland City Council is acting as a facilitator in relation to activities at non-Council facilities. Council's responsibilities are limited to the coordination of transport to and from certain activity venues and in the collection of and payment of entry fees on behalf of participants.
- I understand that my decision to participate in the activity is made, considering my physical health/stature and the physical demands of the activity. Council accepts no responsibility in this respect.
- I understand that the Redland City Council takes all reasonable steps to meet the needs on all individual participants. However, Redland City Council also has a duty to provide a safe and appropriate environment for all participants and staff of the Program. To this end, Redland City Council reserves the right to decline enrolment or participation in the program where:
  - a) the participant presents a risk to the health or safety of the other participants and/or staff of the Holiday Activity Program
  - b) having regard to the nature and cost of any special service or facility required, the participant's special needs cannot, after all reasonable attempts are made, be met by the Holiday Activity Program without causing undue disruptions and detriment to the other participants and/or staff of the Program.
- I understand that Redland City Council has agreed that participant/s shall participate in the Program subject to the participant/s indemnifying Council against claims for loss and damage caused as a result of such participation. The participant indemnifies and will at all times keep the Council, its servants and agents indemnified from and against all actions, proceedings, claims, demands, costs and expenses in respect of any injuries, loss or damage however caused and whether through negligence of the Council, its servants or agents or otherwise and in any way connected with participation in the Program.

#### Please return completed and signed forms to any of these locations below:

- In person to Council's Customer Service Centres
  - Bloomfield Street, Cleveland or Noeleen Street, Capalaba.
- By fax to Library Headquarters on 07 3829 8327.
- By mail to the Administrative Assistant, Library Headquarters,  
Cnr South & Wellington Streets, Cleveland Q 4163.