



# ACTIVITY CONSENT FORM

## Queensland Jurisdictional Guardian Council

**To be used for all Bethel and jurisdictional activities  
except Regular Bethel meetings.**

**SURNAME:** .....

**GIVEN NAME:** .....

**BETHEL:** .....

**Please read the following carefully and sign to show that you understand and accept responsibility for participation in the activity(ies) detailed below.**

**Please note that:** All Activities, Adventurous or otherwise, involve a number of associated, inherent and specific risks. These risks include but are not limited to physical injury, psychological damage and even death. While every effort has been made to minimise the risks associated with these activities, it is not possible to completely eliminate all risks. Participants must recognise that specific risks are involved in adventurous activities. Participants have the right not to participate if at any time they feel that it is not physically or emotionally safe to do so.

*If you require any further information about the activities described below, the risks associated with these activities or the measures taken by us to minimise these risks please contact the Activity Co-ordinator.*

|   |                                     |   |
|---|-------------------------------------|---|
| <b>Activity details:</b><br>.....<br>.....                              | Activity date(s):<br>.....<br>..... | Activity location(s):<br>.....<br>..... |
| <b>Adventurous activity details:</b>                                    |                                     |   |
| 1. ....   | .....                               | .....                                   |
| 2. ....   | .....                               | .....                                   |
| Activity Co-ordinator (AC) of the activity: ..... Signature of AC:..... |                                     |   |
| AC contact details:..... AC emergency contact details: .....            |                                     |   |

**For water activities: Can the applicant swim 50 metres?                      Yes    No    If NO does she have permission to participate in the activity at the discretion of the AC and Ratified Instructor?    Yes    No**

I, ....., being over 18 years of age hereby apply to participate in the activities listed above. **OR**

I as a parent/legal guardian of ..... hereby apply for my daughter to participate in the activities listed above.

1. If the application is accepted, to the best of my knowledge I am/my daughter is fit to participate and has permission to take part in the above activities
2. I undertake that I/my daughter will attend these activities only if, to the best of my knowledge, there has been no contact with any infectious diseases in the three weeks prior to the activities
3. I authorise the Activity Co-ordinator to obtain first aid, medical, ambulance, dental assistance or treatment, including any anaesthetic or blood transfusion, for myself/my daughter in the event of any illness or accident. *Note: All reasonable attempts to make contact with the nominated "person to contact in an emergency" will be made.*
4. I agree to pay for all expenses incurred in obtaining such medical aid and to reimburse the organisation for any expenses incurred.
5. I acknowledge that I have been advised that there are risks associated with these activities and have consented to participation/ my daughter's participation armed with that knowledge.
6. I authorise Job's Daughters International, Queensland Jurisdictional Guardian Council and any person authorised by them to reproduce, publish, broadcast or do any of the acts comprised in the copyright subsisting in: photographs, video tapes, voice recording of her in any form deemed appropriate by the Jurisdictional Guardian Council. I hereby release the Queensland Jurisdictional Guardian Council and Job's Daughters International from all claims, demands, actions, proceedings, costs or expenses relating to or arising out of use of material. *(This clause (6) may be deleted by ruling a line through the clause and initialing if desired)*
7. I consent to the release of the health information detailed on the reverse of this form to any person who provides medical treatment and care to the applicant while participating in the activities.
8. I have completed the **back** of this form and to the best of my knowledge the information is correct.
9. I consent to the collection and use of information supplied by me for the operations of the Jurisdictional Guardian Council and Job's Daughters International.

*FOR MEMBERS ONLY: My daughter/ward is a financial member of Job's Daughters International.*

Parent/Guardian Signature: .....                      Signature of participant: .....                      Date: .....

|                 |                       |
|-----------------|-----------------------|
| <b>Name:</b>    | <b>Phone no:</b>      |
| <b>Address:</b> | <b>Date of birth:</b> |

**HEALTH INFORMATION**

Date of last tetanus immunisation: .....

- Does the participant suffer from any of the following (please tick and give details or attach a management plan):  
Asthma    Diabetes    Severe Allergic Reaction    Epilepsy    Fainting  
Hay Fever    Nose Bleeds    Bed Wetting    Sleep Walking
- Give details of any known allergies such as food, insect bites or medication:  
.....
- Does the participant suffer from any other disability or chronic illness, or need any special health care, or have any current or previous injury or condition which may be aggravated by prolonged or strenuous activity?  
YES    NO    (If YES, give details or attach a management plan)  
.....
- Are you willing for your daughter to be given paracetamol should, in the opinion of the first aider or activity co-ordinator, it be needed?  
YES    NO
- Does the participant require a special diet for either medical or religious reasons?    YES    NO  
(If YES please give detailed requirements if the activity is one which involves the provision of food)  
.....

**EMERGENCY CONTACTS** (eg parent, spouse)

| Name | Relationship to participant | Phone no during activity |
|------|-----------------------------|--------------------------|
| 1.   |                             |                          |
| 2.   |                             |                          |

Name of doctor: ..... Telephone No: .....

*The provision of Medicare number, health fund details etc is optional*

Medicare number: ..... Medical fund: .....

Health Care card number: .....

All medication, including paracetamol or aspirin, should be clearly marked with the participant's name, and a note clearly setting out the dosage must be included. All Ventolin or similar puffers or EpiPens or similar devices (clearly marked with name) should be kept by the person suffering asthma or severe allergic reactions. Please include a second marked puffer or device for the First Aider/ Activity Co-ordinator.

Please include any additional details which the Activity Co-ordinator should know for the health and welfare of the participant. Please attach details if insufficient space.

.....  
.....

Parent/guardian's telephone number..... (before activity):

..... (during activity):

*JOBIES-TO-BEE AND OTHER NON\_MEMBER CHILDREN who are attending without their parent/guardian shall be accompanied at all times by: ..... (Name of nominated adult, who must be the holder of a Blue Card)*

TRANSPORT ASSISTANCE: I am willing to assist with transport  **To** the activity

My vehicle can seat ..... with seatbelts.  **From** the activity