

Activity Consent Form

QLD Youth Aldridge Equestrian Challenge 2025

STUDENT MEDICAL INFORMATION

Student Name: _____ **Date of Birth:** _____ **Yr Level:** _____

In case of emergency

Parent/Guardian 1 Name: _____ Parent/Guardian 1 Ph No.: _____

Parent/Guardian 2 Name: _____ Parent/Guardian 2 Ph No.: _____

If parent/guardian unavailable,

Emergency contact name: _____ Ph Number: _____

MEDICAL ISSUES	YES / NO	DETAILS
HEART PROBLEMS	YES / NO	
RESPIRATORY eg. ASTHMA	YES / NO	
ALLERGIES	YES / NO	Food/Drug Ointments Other
DIABETES	YES / NO	
BLOOD PRESSURE	YES / NO	
RECENT OPERATIONS	YES / NO	
EPILEPSY	YES / NO	
RECENT ILLNESS	YES / NO	
PHOBIAS	YES / NO	
BACK, BONE, JOINT PROBLEMS	YES / NO	
OTHER (including allergies)	YES / NO	

Date of last Tetanus Booster: _____

Medication currently being taken: Please give details of any medication being taken by the student including dosage, frequency and any Doctor's instructions.

Please give details of any **problems – medical or physical** – which would limit your student's full participating in any activity, including any food restrictions.

Medical Insurance Details of Medicare Cardholders

Name: _____ Medicare Number: _____

Additional Health Insurance: YES / NO

Parent/Guardian Signature: _____ **Date:** _____

Privacy Statement: the Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be sold or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.

