



## Youth Excursion Consent Form

This form must be completed and signed by a parent or guardian before a young person participates in any BYA excursion. The information provided is confidential and will only be used to ensure the safety and wellbeing of participants.

### Young Person's Details

<b>Name:</b>	<b>Date of birth:</b>
<b>Age:</b>	<b>Home address:</b>
<b>Young person's phone number:</b>	<b>Email (if applicable)</b>

### Parent/Guardian Details

<b>Name:</b>	<b>Relationship to young person:</b>
<b>Phone (Mobile and Home)</b>	<b>Email:</b>

### Emergency Contacts

Please provide details of **two** people we can contact in an emergency (other than the parent/guardian listed above).

<b>Name:</b>	<b>Relationship to young person:</b>
<b>Phone (Mobile):</b>	<b>Alternate:</b>

<b>Name:</b>	<b>Relationship to young person:</b>
<b>Phone (Mobile):</b>	<b>Alternate:</b>



**Medical Information**

<b>Medicare number:</b>	<b>Ref No:</b>	<b>Expiry:</b>
<b>Private Health Fund (if applicable):</b>		<b>Ambulance Cover:</b>  <b>Yes                  No</b>

**Allergies (e.g. food, medication, insect bites):**

- None
  - Yes – Please specify: \_\_\_\_\_
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**Medical Conditions (e.g. asthma, diabetes, epilepsy):**

- None
  - Yes – Please specify: \_\_\_\_\_
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**Current Medications:**

- None
  - Yes – Please list: \_\_\_\_\_
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**Dietary Requirements (e.g. vegetarian, gluten-free):**

- None
- Yes – Please specify: \_\_\_\_\_

**Any restrictions on physical activity?**

- No
  - Yes – Details: \_\_\_\_\_
- 

**Any additional medical information**



## **Consent & Acknowledgement**

- I give permission for my child to participate in excursions run by Blackwood Youth Action.
- I understand that BYA staff will take all reasonable care and precautions to ensure the safety of my child.
- I authorise BYA staff to obtain medical assistance for my child in the event of illness or injury and agree to meet any expenses incurred.
- I confirm that the information provided above is complete and correct to the best of my knowledge.

**Name:**

**Signature:**

**Date:**