





CONSENT, INDEMNITY & MEDICAL FORM

As a (Parent/Guardian of)	DOB://
I giv	DOB: // re my consent for him/her to take part in the Blue Light
Outdoor Adventure Activity to be held at Noorla Yo-	Long on / / to / / .
While I am aware that staff will take all due care, I re The staff and supervisors have my authority to take well being and successful conduct of the participant If my child becomes ill or is accidentally injured, Noo	edge that risk of injuries is inherent in physical activities. ecognise that accidents may occur. whatever action they think necessary to ensure the safety, its as a group or individually in the above-mentioned activity. orla Yo-Long Blue Light Camp and the South Australia ost property suffered by my child during the period of the
Signed (Parent/Guardian):	Print Name:
Address:	Date://
	ONTACT INFORMATION n is Strictly Confidential)
In Case of Emergency Contact:	Ph:
Family Doctor:	Ph:
Medicare Number:	Position No. on card:
Private Medical Cover: Yes / I	No (Please Circle)
Is your Child currently taking Medication? Yes / I (If currently taking medication please state reason a	
Is your child allergic to any medications?	Yes / No
Has your child recently had a tetanus immunisation	? Yes / No Date / /
Are there any illnesses or injuries your child current such as sprains, strains, cuts that may be aggravate	ly suffers? eg. Asthma/ Allergies, Diabetic, Fits. Injuries ed by activities must be declared.
Has your child been close to anyone with any Comr 21 days?	municable Disease eg. Measles, mumps, etc. within the last Yes / No
If there is any other information, which might help us	s care for your child, please enclose







COVID-19 DECLARATION

<u>COVID-19 Advice</u>: Noorla Yo-Long as part of the Blue Light (INC) SA organisation has implemented strict COVID-19 risk control measures based on current recommendations from Federal and State Governments in order to minimise the risk of an uncontrolled COVID-19 transmission within our environment. Parents/Guardians must carefully consider the information provided and then consider if participation in this activity is in the best interest for your child, despite the implementation of risk controls. For procedures and work practices at Noorla Yo-Long you should liaise with the Program Manager prior to attending the activity.

Until further notice all attendees must complete the below questions:

- Has the participant returned from overseas within the last 14 days?
- Yes / No
- Has the participant been in close contact with someone with a confirmed case of COVID-19 within the last 14 days?

 Yes / No
- Has the participant experienced any cold or flu-like symptoms in the last 14 days (includes fever, cough, sore throat, respiratory illness, difficulty breathing?
 Yes / No
- Is the participant awaiting test results from COVID-19 screening / testing?

Yes / No

If you answered '**Yes**' to any of the above COVID-19 Questions or if you are 'unsure'; then the participant is not to attend the activity under any circumstances.

Are participant's Health Details and Emergency Contact Details up to date with their school or organisation?

Yes / No

Does the participant have a Health Management Plan?

Yes / No

- if yes, the participant/organisations must take a copy on the activity
 - Has the participant suffered any acute injury, illness or contagious or infectious disease in the last 4 weeks?

 Yes / No
- if yes, attach a doctor's certificate showing fitness to engage in this activity.

CONSENT FOR PHOTOGRAPHS

To be completed by staff or members of the public participating in any Blue Light photograph or video or audio recording.

From time to time Noorla Yo-Long and Blue Light (Inc.) SA, wish to take photographs, videos or audio recordings of participants at Noorla Yo-Long while they are involved in activities. These photos may be published in our newsletter or on our website or with local news and media to promote our youth activities and organisation.







We would like to obtain your consent before including your child in any such display or release. The images will not include any personal information regarding individual's identities. These photographs/recordings may also be shared with the school or organisation attending.

Could you please fill in the following slip below to indicate your consent.

Photographic/Video/Audio/Communication release. I authorise Blue Light to take and use any photographs, video or sound recordings of me / my child	
and any other reproductions or adaptations of my / my child's like conjunction with any wording or drawings, in any Blue Light publi	, , , , , , , , , , , , , , , , , , , ,
I understand that Blue Light may engage persons to act on their	behalf to undertake this task.
I acknowledge that I have / the child has no rights in the material or presentation that includes the material.	nor in any Blue Light publication, production
Authorisation	
I authorise Blue Light to take the actions indicated above.	
Where the participant is a child:	
Full name of the child's Parent or Guardian:	
Signature of child's parent/guardian:	Date:
OR	
Full name of adult participant:	
Signature of participant:	Date:
Important information for participants	

What is this consent for?

This consent form, when completed and signed by the participant, and where the participant is a child, the participant's Parent or Guardian, will authorise Noorla Yo-Long or Blue Light to use any photograph, video footage or sound recording of the participant in Blue Light publication, productions and presentations.

Who is a child?

A child is defined as any person who has not yet turned 18 years of age.

What happens to the consent form once it is filled out

The consent form will be placed on file and retained by Noorla Yo-Long/Blue Light. If requested, a photocopy of the form will be made available to the participant.

Who should sign the consent form?

The participant AND if the participant is a child, the participants Parent or Guardian