



YAWA TWENTY10

Medical Info & Consent Form

This Medical Info & Consent Form is intended to assist the Leaders of Glen Waverley Anglican Church Young Adults Ministry to provide a proper duty of care and services to the people under their care.

Please write in capital letters using a pen, and upon completion ensure this form is signed, dated, and returned to Glen Waverley Anglican Church Young Adults Ministry.

1. Details

Name: _____

Address: _____

Postcode: _____

Date of Birth: _____

Phone: _____ Mobile: _____ Email: _____

2. Emergency Contact Details

Contact Person (1): _____

Relationship to Student: _____

Phone (h): _____ (m): _____

Contact Person (2): _____

Relationship to Student: _____

Phone (h): _____ (m): _____

3. Medical Details

Please tick if the student has any of the following conditions:

- | | |
|--|---|
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Nose Bleeds |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Migraines or headaches |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Epilepsy |
| <input type="checkbox"/> Learning difficulties | <input type="checkbox"/> Asperger's Syndrome |
| <input type="checkbox"/> ADHD | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Other |

If any of the above have been ticked, please provide details, including treatment plan etc:

Medicare No: _____ Exp. Date: _____

4. Consent

I authorise the leader(s) of Young Adult Ministry at Glen Waverley Anglican Church to consent on my behalf, where it is impractical to communicate with me, to medical and/or surgical treatment as may be deemed necessary, including ambulance transport. I understand that I am responsible for the cost of any medical treatment or ambulance transport deemed necessary. I consent to photographs and/or video footage being taken in appropriate settings during the young adult programs and am willing for these photographs and/or video clips to be used to promote Young Adult Ministry in a way that does not identify their name or personal details.

Signed: _____

Full Name: _____

Date: _____

5. Privacy Statement

The Glen Waverley Anglican Church Young Adult Ministry will only collect information that is deemed necessary to provide a proper duty of care and services. Access to personal information is restricted to those who require the information. In case of an emergency, personal information may need to be disclosed to external parties.

Glen Waverley Anglican Church
800 Waverley Road | Glen Waverley | 3150 | 9560 7494

YAWA TWENTY10: CREDIT CARD PAYMENT FORM

Please detach and return to YAWA Rego desk or send to
Finance Manager, Glen Waverley Anglican Church,
800 Waverley Road, Glen Waverley 3150

I would like to make a payment of \$_____ through credit card, towards registration fee for *YAWA Twenty10* conference.

Full name(s) of attendee(s): _____

Credit-Card details are as follows:

Cardholder's Name: _____

Expiry date: _____

Credit-Card Number: _____

Master or Visa? _____

Signature of Card Holder: _____

Date: _____