

ILLAWARRA ALPINE CLUB Ltd.

P.O. Box 359

FIGTREE, 2525

**IAC CHILD / JUNIOR MEMBER LODGE CONSENT FORM**

**SECTION 1: PARENT'S / GUARDIAN'S CONSENT AGREEMENT**

Child's Name(s) :- (1).....

(2) .....

Date of Birth (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_

I (Parent/ Guardian) have arranged for .....to be the authorised guardian of my child / children for the following booking: -

Start \_\_\_/\_\_\_/\_\_\_ Finish \_\_\_/\_\_\_/\_\_\_

My address is .....

IN THE CASE OF EMERGERNCY or need for contact, my contact details are: -

Phone: (W)..... (H)..... Mob.....

Signed Parent..... Guardian.....

Date \_\_\_/\_\_\_/\_\_\_ \_\_\_/\_\_\_/\_\_\_

**SECTION 2: MEDICAL DETAILS**

Medicare Number: .....

Private Health Fund: Y / N Which one: ..... Membership Number.....

Does it include ambulance Cover: Y / N

Date of child's last tetanus injection: - (1) \_\_\_/\_\_\_/\_\_\_ (2) \_\_\_/\_\_\_/\_\_\_

Know allergies?.....

Is the child on medication? .Y / N All details will be required

Name of medication and reason for administration. ....

Any Medical or other details which the Guardian might need to know:  
(eg. Medication, recent illness, recent injury, and existing medical conditions eg asthma or breathing difficulties)

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In the event of any accident or illness, I authorise the obtaining of such medical treatment as my child/ward may require. I also authorise the administering of anaesthetic if the attending officer deems this necessary.

I accept full responsibility for all expenses incurred and absolve Illawarra Alpine Club Ltd. of all responsibility.

Signed (Parent/ Guardian) .....

Date \_\_\_/\_\_\_/\_\_\_