

**MILDURA BALLET & DANCE GUILD INC.**

Name: .....

Dance Class: .....

**MEDICAL CONSENT FORM**

**This form is intended to be used to assist The Guild in the case of any medical treatment required or medical emergency involving a student.**

**A copy of student's forms must be available at each studio where classes are attended.**

The Guild collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's class and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2000*.

Students full Name:					
Date of Birth:		Age:		Sex	M / F
Residential Address:					
Postal Address:					
Home Phone Number:		Work/Mobile:			
Name of First emergency contact person:		Phone/s:			
Name of second emergency contact person:		Phone/s:			
Name of Student's Doctor:		Phone:			
Has the Student Ambulance cover?	YES / NO				
Has the Student Private Health cover?	YES / NO				
Name of fund:					
Medicare No:					

Please tick if your child suffers any of the following:

- |                                      |   |  |  |   |
|--------------------------------------|---|--|--|---|
| <input type="checkbox"/> allergies   | <input type="checkbox"/> blood pressure | <input type="checkbox"/> epilepsy          | <input type="checkbox"/> hayfever        | <input type="checkbox"/> nose bleeds            |
| <input type="checkbox"/> anaphylaxis | <input type="checkbox"/> diabetes       | <input type="checkbox"/> fainting          | <input type="checkbox"/> headaches       | <input type="checkbox"/> reaction to drugs      |
| <input type="checkbox"/> asthma      | <input type="checkbox"/> eczema         | <input type="checkbox"/> fits or blackouts | <input type="checkbox"/> heart condition | <input type="checkbox"/> sight/hearing problems |
|                                      |   |  | <input type="checkbox"/> ADHD            | <input type="checkbox"/> sun screen sensitivity |

other - .....

If you have ticked any of the boxes above a Medical Treatment Management Plan must be provided. Proforma Plans are available from the Guild. *NB. Without a Medical Treatment Management Plan The Guild can only provide first aid treatment.*

Date of last tetanus injection: .....

Is the student presently taking any medication?

Yes  No

If YES, please state name of medication, dosage, etc:.....

The teacher in charge must be informed about the management of any medication. Arrangements need to be agreed on the storage and administration of medication. In all cases medication must be labelled in original packaging with the students name, dosage and frequency of administration.

I consent to my child receiving paracetamol for temporary pain relief?

Yes  No

Are you aware of any physical or psychological limitations of your child? Please give details. ....

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**MEDICAL CONSENT FORM (PAGE 2)**

Name: .....

Dance Class: .....

Is there any other information which you believe may help us to provide the best possible care? .....

**Consent to medical attention.** In the case of my child requiring medical treatment or in the case of a medical emergency, I consent to the teacher in charge providing first aid or treatment as outlined in an emergency treatment plan and I further authorise the Guild, where it is impracticable to communicate with me, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

*NOTE: All students must have a medical consent form at each studio to be able to attend classes. **Return this form prior to the first class***

**If there are any changes to an existing medical condition, or any new medical condition a revised medical consent form and treatment plan should be submitted immediately for the safety of the student.**

*Please note that the Guild is not required to provide insurance cover in the case of personal accident. Parents need to check their own policies in regard to this matter.*

Signed: .....  
Student or Parent/Carer (If Student under 18 years)

Print Name: .....

Date: .....

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**PHOTOGRAPHY, VIDEO & WEBSITE RELEASE FORM**

I hereby irrevocably authorise and grant to Mildura Ballet & Dance Guild Inc ("The Guild") (Including other parties engaged by The Guild) the right to record me (picture and/or voice) on photographs, films and /or videotape, for audio only, audio and visual and /or visual only reproduction and website use) ("The Recording"), the right to edit the Recording into a film/television programme or corporate video, and right to screen and broadcast the Recording in the film, and the right to use and to license others to use the Recording in all media, throughout the world, including for the purposes of publicity, advertising, sales and promotion of the Mildura Ballet & Dance Guild Inc.

The Guild shall also be entitled to use my name and likeness, voice, biographic or other information that is public record concerning me. I hereby release The Guild from any infringement or violation of personal and /or property rights of any sort whatsoever, based upon the use of the recording and images.

I acknowledge that The Guild owns and shall own all rights, title and interest (including copyright), in the Recording.

I warrant that I have full power to enter into this Release and the terms of this Release do not in any way conflict with any existing commitment on my part.

Reference to "The Recording" in this Release includes any and all edited versions made by The Guild and, further, includes any previously recorded material of me made by The Guild.

Signed: .....  
Student or Parent/Carer (If Student under 18 years)

Print Name: .....

Date: .....