

**ARCHERY AUSTRALIA Inc**  
**PARENT / GUARDIAN CONSENT FORM**

Juniors accompanied by their parents or a legal guardian do not need to complete this consent form. But this form MUST be completed for any junior who will not be accompanied have his/her parents/guardian.

**IS THIS INFORMATION CONFIDENTIAL?**

YES, this information will be disclosed to those people who need to be informed.

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I ..... will be participating at the

Name of event.....

From: ..... To: .....

.....  
Signature of Participant

.....  
Signature of Parent/Guardian  
(if participant is under 18)

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Address:.....

.....

Telephone Home: .....(Mobile).....

Family Doctor's Name and Address: .....

Address: .....

.....Post Code:.....

Telephone: ..... Medicare No: .....

Medicare/Hospital Insurance Fund:.....No:.....

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**Medical Condition**

\* Please Specify Medical Condition/Allergies:

.....

.....

Is specific care recommended ? ..... If YES, please specify .....

.....

.....

Tetanus Immunisation Booster Date:

.....

Medication currently on: Type, Dosage:

.....

.....

.....

## CONSENT TO MEDICAL ATTENTION

I authorise the Team Manager / Head Coach / Organising Committee of this event to consent to medical or surgical treatment as may be deemed necessary for my son/daughter if it is impractical for prior communication with me and agree to pay all medical and/or dental expenses incurred.

.....  
Signature of Participant

.....  
Signature of Parent/Guardian  
(if participant is under 18)

Date:.....

**Completed form must be sent with entry form to the Organising Committee, failure to submit the form may result in the rejection of entry into the championships.**