

The purpose of this form is to provide a written source of information about individuals who are participating in activities provided by the Blue Light staff. It is essential that this form is completed fully, and all relevant information is supplied. This document will be required in the event of an emergency and will also assist staff to understand any special needs that the participant may have. This information is confidential, and access is restricted to programme staff, except in cases where harm or loss is likely to occur without disclosure of this information.

Please be aware some activities have a maximum weight of 120kg and others 150kg. For this reason, please enter below the participant's current weight.

If any participant is under the influence of drugs or alcohol, they will not partake in the activities listed below.

CONTACT DETAILS

Date of Activity: **10-11 April 2026**

Participants Full Name:

Date of Birth: Weight: Age:

Gender: Male Female

If under 18) Name of Parent/Guardian giving consent and filling in this form:

Name:

Relationship to Participant:

Email: Contact Number:

Address & Postcode:

In case of emergency contact:

Emergency Contact Name:

Telephone(s): Mobile: Home: Work:

Family Doctor Name: Telephone:

Address:

Other Medical Specialist: Name: Telephone:

Address:

HEALTH AND MEDICAL INFORMATION

Please provide as much information as possible, as this will enable us to better meet the needs of the participant. We aim to make activities inclusive, not exclusive, whilst maintaining safety.

If the space provided is inadequate for a complete description, or if there are other medical condition/s we should be aware of, please provide details on a separate sheet of paper and attach to this form.

Does the participant have (or ever had) any of the following: (Please tick)

- | | | |
|--|--|--|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Phobias | <input type="checkbox"/> Dislocations |
| <input type="checkbox"/> Heart Conditions | <input type="checkbox"/> Learning Difficulty | <input type="checkbox"/> Broken Bones |
| <input type="checkbox"/> Neck / Back / Head injuries | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Joint / Muscle damage | <input type="checkbox"/> Reoccurring Nose Bleeds | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Migraine | <input type="checkbox"/> Colour Blindness | <input type="checkbox"/> Dizzy Spells |

Other:

Medical Alert Number: Date of last tetanus injection:

Is the participant taking medication?: Yes No

Medication	Dosage	Time to be Taken

Any dietary requirements? Please specify Yes No

Requirement	State reason

Has the participant had any major injuries (breaks or strains) or illness (e.g. glandular fever etc) in the last 6 months that may limit full participation in any activities? Please specify Yes No

ALLERGIES

Is the participant allergic to any of the following? Please tick, specify, and state treatment required.

- | | |
|---|----------------------|
| <input type="checkbox"/> Prescription medicine? | <input type="text"/> |
| <input type="checkbox"/> Food? | <input type="text"/> |
| <input type="checkbox"/> Insect bites/stings? | <input type="text"/> |
| <input type="checkbox"/> Other allergies?: | <input type="text"/> |

Tick the medication you are happy for Blue Light to administer: Please specify other.

- Paracetamol Ibuprofen Antihistamine Habitrol

Other:

Does the participant have any physical disabilities? Please specify Yes No

Does the participant have any skin conditions or infected wounds? (e.g. scabies, eczema, etc) Please specify Yes No

Is there any other information that staff should know to ensure the physical and emotional safety of the participant?
e.g. Cultural practices, disability, anxiety about heights, darkness, small spaces, swimming, pregnancy, behavioural / emotional difficulties. Please specify Yes No

Does the participant have any learning disabilities, is neuro-diverse, or has any mental health challenges?
e.g. Dyslexia, ADHD, Autism, mental health concerns -- suicide, self harm behaviours. Please specify Yes No

Please tick if the participant does any of the following:

Please note all Blue Light sites are Smoke Free

- Vape
- Smoke

Participants swimming ability. Please circle Minimal < 50m > 50m

CONSENT

Please tick the following:

- I agree to my child receiving emergency medical care from medical authorities if necessary
- I am the legal guardian for this participant
- Tick this box if you give permission for us to take photos of you / your child whilst attending the programme -- these may be used for advertising and/or social media purposes.

Please ensure your child is aware when participating in activities with Blue Light they may be partaking in high-risk recreational activities that involve heights, uneven surfaces, equipment, water, and be near public roads which present hazards if safety instructions are not followed.

I acknowledge that the risk of injuries is inherent in physical activities. While I am aware that staff will take all due care, I recognise that accidents may occur.

The staff and supervisors have the authority to take whatever action they think necessary to ensure the safety, well-being, and successful conduct of the participants as a group or individually in the above-mentioned activity (s). If my young person becomes ill or is accidentally injured, Blue Light may obtain on my behalf whatever medical treatment my young person requires at my expense.

I understand that if I recklessly or intentionally, don't follow the rules or instructions set out by Blue Light and the instructor, which I have been made aware of, Blue Light will not be held responsible for any injury, damage, or loss I cause to myself/my property, or another person/their property, resulting from my action (or lack of action).

PARENT / GUARDIAN

Print name

Signature

Date: / /

If you require additional information or there are changes to the participant's health prior to the programme, please contact North Rodney Blue Light Shane Gould Mobile: 027 4587 485 or Office: 09 423 8545