

# NATIONAL BEACH LIFEGUARD QUALIFICATION COURSE

## Medical Consent Form

In order for you to participate safely in the programme activity, we require you to complete the following questionnaire.

Name .....
Address .....
.....
Emergency Telephone Contact Number .....
Emergency Contact Person Full Name .....
Your Relationship to this Person .....

- (1) Are you currently taking any form of medication (eg. Tablets, inhaler)? Yes  No
- (2) Are you prone to headaches, fainting or dizziness? Yes  No
- (3) Do you experience any chest pains, wheeziness or sickness after physical activity? Yes  No
- (4) Do you have any bone or joint problems that could be aggravated by physical activity? Yes  No
- (5) Are you aware, through your own experience or a doctor's advice, of any other reason why you should not take part in physical activity or this course without medical approval? Yes  No
- (6) Are you an epileptic or have you ever had an epileptic seizure in the past? Yes  No
- (7) Are you asthmatic or have you ever had an asthmatic attack in the past? Yes  No

If your answer is YES to one or more of the above questions, a note of approval from your doctor will be required. If you are a minor (under 18 years of age), you will need in addition to approval from your doctor, your parents/guardians permission to participate.

Ordinary Signature \_\_\_\_\_

NAME IN BLOCK LETTERS \_\_\_\_\_ DATE \_\_\_\_\_

### PARENT/GUARDIAN'S PERMISSION

I give permission for my child/children to participate in this programme and I clearly understand the risks involved.

Parent/Guardian Signature .....	Date .....
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