

Activity Consent Form  
QLD Youth Aldridge Equestrian Challenge 2025

**STUDENT MEDICAL INFORMATION**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Yr Level:** \_\_\_\_\_

**In case of emergency**

Parent/Guardian 1 Name: \_\_\_\_\_ Parent/Guardian 1 Ph No.: \_\_\_\_\_

Parent/Guardian 2 Name: \_\_\_\_\_ Parent/Guardian 2 Ph No.: \_\_\_\_\_

**If parent/guardian unavailable,**

Emergency contact name: \_\_\_\_\_ Ph Number: \_\_\_\_\_

MEDICAL ISSUES		DETAILS
HEART PROBLEMS		YES / NO
RESPIRATORY eg. ASTHMA		YES / NO
ALLERGIES	Food/Drug Ointments Other	YES / NO
DIABETES		YES / NO
BLOOD PRESSURE		YES / NO
RECENT OPERATIONS		YES / NO
EPILEPSY		YES / NO
RECENT ILLNESS		YES / NO
PHOBIAS		YES / NO
BACK, BONE, JOINT PROBLEMS		YES / NO
OTHER (including allergies)		YES / NO

**Date of last Tetanus Booster:** \_\_\_\_\_

**Medication currently being taken:** Please give details of any medication being taken by the student including dosage, frequency and any Doctor's instructions.

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Please give details of any **problems – medical or physical** – which would limit your student's full participating in any activity, including any food restrictions.

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**Medical Insurance Details of Medicare Cardholders**

Name: \_\_\_\_\_ Medicare Number: \_\_\_\_\_

**Additional Health Insurance:** YES / NO

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Privacy Statement:** the Department is collecting personal information regarding your child's participation in this activity in order to ensure that the school can properly address any particular needs of your child while they are in our care. The information will only be accessed by persons authorised by the Department. It will not be sold or disclosed to any other person or agency unless you have given permission, it is required by law or it is in the best interests of your child's health and welfare.



**Queensland Government**

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