

MEDICAL DISCLOSURE AND AUTHORISATION FORM

Club / Society		
Participant Full Name And/or Preferred Name		
Activity		
Residential Address		
Personal Details	Date of Birth:	
Emergency Contact Details	Primary Contact Person	Alternative Contact
	Name:	Name:
	Relationship to Contact:	Relationship to Contact:
	Phone:	Phone:
Known allergies		
Known Medical, Physical conditions Dietary or religious requirements		
Current Medication and dosage		
Medical Practitioner	Name of Doctor:	Phone No:

CLUB/SOCIETY TO PROVIDE A COPY OF THIS FORM TO TUSA PRIOR TO ACTIVITY COMMENCEMENT

DECLARATION

I (full name) declare that I have read this Form and that I have completed it to the best of my knowledge and ability, disclosing all relevant facts as they are known to me. I also undertake to advise my Activity Leader / Guide should circumstances change that would change the responses provided above.

I authorise the Trip Guide / Leader, Club / Society, Tasmanian University Student Association, or University of Tasmania to contact my Emergency Contacts or Medical Practitioner, and to consent on my behalf to my receiving medical or surgical treatment as may be deemed necessary in the event that I am unable to communicate.

Signature

Name in Print

Date

Sensitive Information

Sensitive information is defined in the Privacy Act to include information or opinion about such things as an individual's racial or ethnic origin, political opinions, membership of a political association, religious or philosophical beliefs, membership of a trade union or other professional body, criminal record, or health information. Sensitive information will be used by us only for the primary purpose for which it was obtained, for a secondary purpose that is directly related to the primary purpose, with your consent, or where required or authorised by law.