

Health Athletes Program: Health Screening 2018



Special Olympics Australia
National Games
Adelaide 2018



Completed form must be submitted on the day of the event to receive free dental and podiatry screenings at the Special Olympics Australia National Games 2018.

Disability Service Provider name

01. Personal Details

Legal first name	Surname		
Preferred name	Date of birth	<input type="checkbox"/> Male	<input type="checkbox"/> Female
Address			
Suburb	State	Postcode	

02. Contacts

Main Contact

Relationship to athlete Parent Guardian Carer Sibling Other (Please specify)

First name	Surname
Phone (Home)	Phone (Mobile)
Email	

03. Allergies

Is the athlete allergic to any of the following (Please list)

	Allergy	Reaction/Management
Food	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Insect Bites/Stings	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Latex	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	

No known allergies

Does the athlete have any medical treatment restrictions or religious objections to medical treatments? Yes No

04. Media Consent

I understand that photography and video recording takes place at some Special Olympics Australia sports programs, events and activities, and that I may be incidentally included in such photographs or recordings (images) and that on occasion I may be identifiable from those images. By selecting "Yes" below, I confirm that Special Olympics Australia has my permission to use and/or disclose, and allow others to use and/or disclose, any or all such images in television, radio, film, newspapers, magazines, on the internet, and/or in other media, throughout the world solely for the purpose of publicising, promoting or communicating the purposes and activities of Special Olympics Australia. Yes No (Note: Special Olympics Australia will seek separate permissions in relation to individual athlete feature pieces.)

Authorisation for Minor Athlete (Under 18)

Note: to be completed by the parent/guardian of the minor athlete

I am the parent/guardian of _____ (print name), the minor athlete ("Athlete"), on whose behalf I have submitted the attached application for participation in activities and events organised or coordinated by Special Olympics Australia, its volunteers and other organisations under the Special Olympics, Inc. umbrella ("SO Activities").

Signature of parent/guardian	Date
Name (print)	