Babbinyuwi Wanda Father/Mentor Information

Information	**Name**	
	Surname	
	Address	
	City	
	Postcode	
	Participants Name	
	Relationship to participant	
	Mobile	
	Home Phone	
	Email	

Media Consent	**I agree to WYLD Projects** a) Making images or recordings, whether sound, digital or otherwise, of myself and/or the Child ("Images and Recordings"); b) Using, publishing or reproducing the Images and Recordings in any form (in whole or in part) and by any medium, including but not limited to newspapers, magazines, brochures, television advertisements, promotional videos, websites, CD-ROM or other multi-media, for public relations, promotions, commercial and advertising purposes ("Promotional Materials"); and c) Retaining or storing the Images and Recordings (including those incorporated into Promotional Materials), in hard copy or digitally, including but not limited to, deposit of the Images and Recordings into safe storage.	**□Yes □No**

Medical

Do you have the following? If yes to any please provide details on the back of this sheet

Respiratory problems	□Yes □No	Diabetes	□Yes □No
Allergies	□Yes □No	Epilepsy	□Yes □No
Heart Condition	□Yes □No	Blood Pressure Issues	□Yes □No
Recent operations	□Yes □No	Recent Injuries	□Yes □No
Dietary Needs	□Yes □No	Other	□Yes □No
Do you take medication? If yes, please give details			□Yes □No

Medical Condition	**Medication**	**Dosage**	**When to be taken**

I authorise the supervising worker to obtain medical/dental assistance which they deem necessary should an accident occur and agree to pay all medical expenses including pharmaceutical supplies and conveyance by ambulance incurred on behalf of the above student.	□Yes □No
I authorise practitioners to administer anaesthetic or blood transfusion, if such an eventuality arises	□Yes □No
I certify to the best of my knowledge that I have not contracted, or has not been in contact with, any infectious diseases	□Yes □No
Family Doctors Name	□Yes □No
Family Doctors Phone	□Yes □No
I authorise the above medical practitioner to provide hospital authorities or other qualified medical practitioners additional information concerning any of the medical conditions identified above	□Yes □No

Consent

I…… give my consent to participate in the Babbinyuwi Wanda Rites of Passage and receive follow up contact if requested from Butchulla Men's Business Association, or WYLD Projects

Signature ……