



## PARENT/CAREGIVER CONSENT FORM FOR OVERNIGHT STAYS

I, ....., give permission for my child  
....., to attend the .....  
..... tournament/camp. I understand that this event will  
run between .... / .... / .... and .... / .... / .... during which time my child will be staying at the  
following accommodation;

Accommodation name .....

Accommodation address .....

I understand that my child may be sharing a room with other athletes who will also be participants of the same tournament/camp and under the age of 18 and of the same gender as my child.

I understand that my child will be transported to this accommodation, and will be transported to and from stadiums for the duration of the tournament/camp, by;

Name .....

Position (Coach, Team Manager etc.) .....

Phone Number .....

OR

Name .....

Position (Coach, Team Manager etc.) .....

Phone Number .....

While my child is attending this event, I am able to contact my child by calling the following person;

Name .....

Position (Coach, Team Manager etc.) .....

Phone Number .....

During this event I can be contacted on;

Parent/Caregiver Phone Number .....

Address .....

Second Emergency Contact name .....

Phone Number .....

My Child has the following medical conditions or other requirements;

Name of Medical Condition (e.g. asthma) .....

Medicare Number and Reference Number .....

Health Care Card Number and Expiry Date .....

Ambulance Member Number .....

Private Health Insurance Provider and Number .....

Any currently prescribed Medication including dose and frequency;

.....  
.....

My child is known to be allergic to the following;

.....

Any other information that will be important for the adults who will responsible for the care of your child while they are attending this event. Please include any relevant details so that responsible adults can best support your child. ....

.....  
.....

I hereby consent to Basketball Victoria or its representatives authorising at my expense, any medical treatment for my child that is recommended by a medical practitioner and the calling of an ambulance should the Basketball Victoria representative deem that is necessary.

I understand that in the event that my child behaves in a manner that poses a danger to themselves or others, they may be sent home. I understand that if such a decision is made, I will be informed and if I am unable to facilitate with their transport home, any costs associated with their return will be my responsibility.

Parent/Caregiver Name .....

Parent/Caregiver Signature .....

Date .....