

PARENT/GUARDIAN'S NAME:	
CHILD'S NAME:	-
SCHOOL NAME:	
MEDICARE NUMBER:	
PRIVATE HEALTH COVER? Yes/No	

I am willing for my child to attend the State Final of the Opti-MINDS Challenge at the University of Queensland.

I consent to the Opti-MINDS Committee acquiring medical services in the event of an emergency including blood transfusions, and I agree to pay all associated medical expenses incurred on behalf of my child as a result of any injury sustained by my child.

SIGNATURE:

DATE:

Contact address during the State Final event:

Mobile:

Phone:

Emergency contact during the activity (other than the name given above):

Mobile:

In the last 14 days has the student travelled from a COVID-19 hotspot? Yes / No

Has the student been in close contact with a positive COVID-19 case? Yes / No

Is the student an active COVID-19 case? Yes / No

Is the student experiencing cough, fever, sore throat, fatigue or shortness of breath? Yes / No

Does the student suffer from:

**Asthma**

**YES/NO**

*OTHER: (give details)*

**Epilepsy**

**YES/NO**

**Heart Condition**

**YES/NO**

What special care is recommended: (Attach separate sheets if necessary)

**Diabetes**

**YES/NO**

**Allergies**

**YES/NO**

Details:

**Tetanus**

**YES/NO**

Date of last immunisation:

**Medication/treatment**

**YES/NO**

Details:

**Condition or disability which may prevent full involvement in Opti-MINDS?**

**YES/NO**

Details:

Please complete this Parental Consent Form and return to the Facilitator accompanying your team to the Queensland Final. The Facilitator must hand a copy of these forms in at the UQ Centre Foyer on Sunday morning.

***Please also keep a copy with you at all times in case of an emergency.***