



Medical Indemnity Form

STATE FINAL 2025

Parent/Guardian's Name:

Child's Name:

School Name:

Medicare Number: Reference:

Private Health: No Yes Policy number: Reference:

I grant permission for my child to attend the State Final of the Opti-MINDS Challenge at the University of Queensland in Brisbane on the weekend of 18 & 19 October, 2025

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: _____

Emergency Contact 1 (name and relationship to participant):

Mobile Phone Number:

Emergency Contact 2 (name and relationship to participant):

Mobile Phone Number:

Please complete the following regarding your child's health and safety considerations/needs:

Asthma:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>
Epilepsy:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>
Heart Condition:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>
Diabetes:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>
Allergies:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>
Tetanus:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>
Medication:	No <input type="checkbox"/>	Yes <input type="checkbox"/>	Details	<input type="text"/>

Does your child live with a condition or disability which may prevent full involvement in Opti-MINDS?
If so, please provide details of your child's needs here:

Please complete this Parental Consent Form and return to the Facilitator accompanying your team to the State Final.