



# L'Étape Australia by Tour de France Parental Consent Form

### Consent Statement:

My Child is in good health and I consider him/her capable of taking part in the L'Étape Australia by Tour de France cycling event. I recognize that a parent or guardian must be riding with the minor at all times. I have completed the medical details and consent that in the event of any illness/accident, any necessary treatment can be administered to my child, which may include the use of anaesthetics. I also understand that while precautions have been made to ensure that accidents do not happen, L'Étape Australia will not be held responsible for any loss, damage or injury suffered by my child.

### Permissions

Do you give permission for an EMS Event Medical Paramedic to give antihistamines in the event of an emergency where your child may be suffering from an allergic reaction? Yes  No

Do you give permission for an EMS Event Medical Paramedic to administer analgesics (such as Panadol) or other "over the counter" medication to your child for minor ailments? Yes  No

Any child dispensing their own medication must be authorised to do so by their legal guardian, the prescribing doctor and a representative of L'Étape. In the event that it is not possible or reasonable for myself or the above emergency contact to give treatment consent, and the above mentioned child requires medical assistance or attention, I authorise a representative of L'Étape to arrange for the appropriate care from the onsite EMS Event Medical paramedic. In this event I agree to pay all such emergency evacuation, ambulance, and/or Hospital expenses if applicable.

I understand that it is the parent's/guardian's responsibility to provide the information requested on this form and to advise the event organiser in writing, in a timely fashion, if this information changes. The event organiser accepts no responsibility for any outcomes from information contained in this form being incomplete or inaccurate.

Parent/Guardian Name (BLOCK CAPITALS).....

Signature of Parent/Guardian.....

Relationship..... Date .....

<i>Participant Details (Please print clearly).</i>	
First Name	Last Name
Age	DOB / /
Home Address	
Contact Telephone:	Mobile Phone:
<i>*Medical Information:</i>	
<i>*Medication/allergies etc. Please specify below:</i>	
*Doctor's Name	Telephone Number:
Address	

**NB: Event organisers are advised to explain the Event's policy regarding Insurance and Personal Accident cover or to have a contact number which can be used for queries arising regarding insurance cover.**

Photographs of your child may be taken by employees of the L'Étape Australia event whilst taking part in the ride, which will be used for the purpose of promoting the L'Étape Australia event. In compliance with the Data Protection Act the L'Étape Australia team will not use the photographs for any other purposes.

Please tick the box if you consent to such photographs being taken and used for the purpose stated: