



## VANUATU YOUTH PARLIAMENT 2026

### PARTICIPANT MEDICAL AND CONSENT FORM

#### SECTION 1: PARTICIPANT DETAILS

Full Name.....

Preferred Name.....

Date of Birth.....

Province.....

Organisation/Community Group.....

Residential Address.....

.....

.....

Mobile Number.....

Email Address.....

T-Shirt Size:

XS  S  M  L  XL  XXL

.....

## **SECTION 2: EMERGENCY CONTACT INFORMATION**

### **Primary Emergency Contact**

Full Name.....

Relationship.....

Mobile Number.....

Alternative Number.....

Email.....

Address.....

### **Secondary Emergency Contact**

Full Name.....

Relationship.....

Mobile Number.....

Alternative Number.....

Email.....

Address.....

## **SECTION 3: MEDICAL INFORMATION**

### **Medical Conditions**

Do you have any medical condition organisers should be aware of?

No

Yes

Details:

.....

.....

.....

## Allergies

Do you have any allergies?

- No
- Yes

Please specify:

- Food
- Medication
- Insect Stings
- Environmental
- Other

Details:

.....

.....

.....

## Dietary Requirements

- No special requirements
- Vegetarian
- Vegan
- Gluten Free
- Dairy Free
- Nut Free
- Other

Details:

.....

.....

.....

## Accessibility and Participation Requirements

Do you require any support or accommodation to participate fully?

No

Yes

Details:

.....  
.....  
.....

## SECTION 4: MEDICAL AUTHORISATION

If I become ill, injured, incapacitated or otherwise unable to provide informed consent during the programme, I authorise event organisers to:

- Contact emergency services;
- Arrange transportation to a medical facility;
- Contact my emergency contacts;
- Facilitate emergency medical treatment as recommended by qualified medical professionals.

## SECTION 5: TRAVEL INFORMATION

Method of Travel:

Air

Ferry

Bus

Private Vehicle

Other

Anticipated Arrival Date:.....

## **SECTION 6: MEDIA, PHOTOGRAPHY AND PUBLICITY CONSENT**

The Parliament of Vanuatu, the Vanuatu National Youth Council and the United Nations Development Programme may photograph, film or record activities for educational, reporting, promotional and archival purposes.

I consent to:

- Photography
- Video Recording
- Audio Recording
- Social Media Use
- Website Publication
- News Media Coverage

Participant Signature:.....

Date:.....

## **SECTION 7: RISK ACKNOWLEDGEMENT**

I understand that participation in a residential programme may involve:

- Domestic travel;
- Group activities;
- Physical movement around venues;
- Outdoor activities;
- Public speaking activities;
- Interaction with other participants and stakeholders.

I agree to act responsibly and follow all safety instructions provided by organisers.

## **SECTION 8: SAFEGUARDING AND WELFARE ACKNOWLEDGEMENT**

I understand that:

- The programme is committed to providing a safe and respectful environment.
- Bullying, harassment, discrimination and abuse are prohibited.
- Concerns may be reported confidentially to programme staff.
- Organisers may take action to protect participant wellbeing and safety.

## **SECTION 9: PRIVACY AND INFORMATION CONSENT**

The information collected in this form will be used solely for:

- Participant administration;
- Programme management;
- Accommodation arrangements;
- Medical and emergency purposes;
- Safeguarding and welfare support.

Information will only be shared with authorised personnel where necessary.

I consent to the collection and use of my information for these purposes.

## **SECTION 10: PARTICIPANT DECLARATION**

I declare that the information provided in this registration pack is true and accurate to the best of my knowledge.

I understand the expectations of participants and agree to comply with all programme policies, procedures and instructions.

Participant Signature:.....

Date:.....