

Medical Form - Confidential

Personal Details

Full Name	Date of Birth
Address	Phone
Suburb	Mobile
Postcode	Email
Person to contact in case of emergency	Contact phone/mobile
Family Doctor	Contact phone/mobile
Family Dentist	Contact phone/mobile

Medical Details

Medicare number	Expiry date	Ambulance membership number
Health Fund	Type of Cover	
Name and address of person responsible for payment of medical and dental fees		
If pensioner, type of pension	Pension benefits card number	

If you answer 'yes' to any of the following, please supply full details on a separate sheet (asthma, diabetes and epilepsy sufferers need to attach their personal management plan. (Contact Vic youth for more details).

Heart problems	yes [] no []	Respiratory problems	yes [] no []	Operations	yes [] no []
Travel sickness	yes [] no []	Phobias	yes [] no []	Recent illness	yes [] no []
Migraines/Headaches	yes [] no []	Blackouts	yes [] no []	Fits, Epilepsy, etc	yes [] no []
Asthmatic	yes [] no []	Diabetic	yes [] no []	Regular medication	yes [] no []
Any disability (physical/intellectual/emotional)			yes [] no []	Allergies (i.e. food)	yes [] no []

Drug reactions (eg. penicillin allergy) yes [] no []

Immunisations (eg. tetanus) and date of last vaccination : yes [] no [] Date: _____

Swimming competence level _____ is there any other health concerns we need to be aware of, please attach details.

Any restricted activities yes [] no [] Details: _____

Authorisation and Agreement

In the event of accident or illness, I/We also authorise the Event Director to consent, where it is impractical to communicate with me/us, to my/our son/daughter receiving any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I/We also authorise to engage such treatment. I/We agree to pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required. I/We agree to meet the expense of my son/daughter being returned home, by the director or leaders accompanying him/her. I/We understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Event Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity by my/our son/daughter. I/We agree to my' our son/daughter attending on this understanding.

Signature

Date

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