MEDICAL INFORMATION & CONSENT

Camp Details/Location _____

Camp Date _____

Participant Information

Full Name: _____ Date of Birth: _____

Address: _____

Parent/Carers Information

Full Name: _____

Relationship to Participant: _____ Phone Number: _____

Email Address: _____

Name of Person to Contact in an Emergency: _____
(if different from Parent/Carer)

Phone Number of Person to Contact in an Emergency: _____
(if different from Parent/Carer)

Medical Details

Name of Family _____

Doctor Address of Family Doctor: _____

Phone Number of Family Doctor: _____

Medicare Number: _____ Medicare Individual Reference No: _____

Medical/Hospital Insurance Provider: _____
(if different from Parent/Carer)

Medical/Hospital Insurance Provider: _____
(if different from Parent/Carer)

Ambulance Membership? Yes ☐ No ☐ Membership Number: _____
(If Applicable)

Health Conditions Please select if your child has any of the following health conditions

Travel Sickness ☐ Seizures ☐ Anaphylaxis ☐ Blackouts ☐

Sleepwalking ☐ Diabetes ☐ Asthma ☐
(Please include Asthma Management Plan)

Other _____

Disability & Accessibility

Do you identify as being a person with a disability? Yes ☐ No ☐

To help make basketball accessible for you, what support would be most helpful?

_____

Allergies Please select if your child has any of the following health conditions

Penicillin ☐ Other medication: _____

Food: _____

Other allergies: _____

What is required to treat the allergy?

_____

Medication

Is your child taking any medication? Yes ☐ No ☐

If yes, please provide details below.

Name of Medication	Dose and Frequency of Medication	How is medication to be administered?

All medication must be clearly labelled with your child's name, displaying instructions on the dosage amount, frequency and how to be administered. Medication must be given to the Camp Coordinator to administer when acquired. Please inform the Camp Coordinator if it is necessary for your child to carry their medication (e.g. Asthma Inhaler).

Further Information

Is there anything else about your child's health and wellbeing or medical history that is important for us to know?

Medical Consent

If there is an incident which requires first aid to be administered to your child, staff will administer first aid that is reasonably necessary and appropriate to their level of training. Staff will also seek emergency medical attention for your child if it is considered reasonably necessary. If your child needs medical attention during the camp, staff will contact the nominated emergency contact as soon as practically possible.

Parent/Carer Name	Signature	Date
_____	_____	_____