



# Medical & Consent Form - Student

Name of Student: _____					
Address: _____ _____					
Age:	D.O.B:	/ /	Sex:	Height:	Weight:
Emergency Contact: Name:		_____			
Phone:		(hm)	(wk)	(mob)	
Medicare Number:	No. on Card:	Ambulance Cover: Y / N :			
Private Medical Cover; Y / N: _____ (details)					
Doctor's Name:			Phone:		
Does your child suffer from: any chronic injury or illness ? Y / N: _____ (details)					
: Asthma ? Y / N : Triggers: _____ (details)					
Does your child have any allergies ? (eg drugs, food, plants) Y / N: _____ (details)					
Does your child suffer from: Heart Problems ? Y / N: _____ (details)					
: Blood Pressure ? Y / N: _____ (details)					
Does your child have any emotional / behavioural disorders ? Y / N      Phobias ? Y / N					
If yes please specify: _____					
Does your child require medication ? Y / N      May we administer Paracetamol if required? Y / N					
Has your child been ill or required medical attention in the last four (4) weeks ? Y / N					
If yes please specify: _____					
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.					
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)					
Does your child: Wet the Bed ? Y / N      Sleepwalk ? Y / N      Suffer travel sickness? Y / N					
How would you rate your child's swimming ability ?					
<input type="checkbox"/> <b>Unable</b> - Nothing more than dog paddle <input type="checkbox"/> <b>Poor</b> - Basic strokes, only limited strokes beyond domestic swimming pool					
<input type="checkbox"/> <b>Good</b> - Strong swimmer, able to swim confidently in a variety of water conditions					
<input type="checkbox"/> <b>Excellent</b> - Very strong and confident, could swim 50 mtrs fully clothed (Please give details of swimming certificates attained eg Bronze Medallion)					
Special Dietary Requirements ? _____					
Activity Restrictions ? See attached list.					
Nb/ Activities are chosen to suit the age and ability of campers _____					
Campers will not have sufficient time to do all activities _____					
If there is insufficient space please attach separate page with details _____					

## PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the YMCA NSW and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child / ward's participation in activities of a hazardous nature, though the YMCA NSW and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward, that may place him / her at greater than normal risk. I authorise the YMCA NSW and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

\_\_\_\_\_  
Signature of Parent / Guardian      Full Name of Parent / Guardian      Date