



APPENDIX 5A

# MEDICAL & PERSONAL INFORMATION FORM (UNDER 18) - CONFIDENTIAL

**Protecting Your Privacy**

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administrate your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of Scripture Union who need it to enable them to perform their agreed activities (e.g. First Aid officer). We will not use your information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances if you don't provide us with all requested information you could miss the opportunity to be involved in our program.

**PLEASE RETURN THIS FORM TO THE EVENT DIRECTOR PRIOR TO THE EVENT**

Program Applied for: Backflip 08

**Personal Contact Details**

Child's Given Name \_\_\_\_\_ Surname: \_\_\_\_\_

Preferred Name \_\_\_\_\_  Male  Female Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Do you consent to your child's contact details being included on the contact list provided to participants?  Yes  No

Do you consent to appropriate use by us of photographs taken on the program that include your child? For example, inclusion in our "SU News" newspaper, placement on our web page or in a brochure  Yes  No

Do you consent to a leader continuing contact with your child after the event, within SU policy guidelines and with your full knowledge of details and purpose?  Yes  No

**Program Preparation Details**

*Dietary Requirements*

Does your child have any special dietary requirements?  Yes  No

*If so, please list them: (We will endeavour to meet these requirements, and will contact you if there are any problems)*

Can your child swim? (tick one)  No  Fair Swimmer  Good Swimmer

Is your child subject to sleep walking?  Yes  No

Is your child subject to bed wetting?  Yes  No

**Safety and Care Details**

In the event of an emergency, please list phone numbers where you and a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____

Are there any conditions which require special attention we should know about, e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? *Please list below:*

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**Medical Information**

Please give details of your child's medical insurance if applicable

Insurance Provider \_\_\_\_\_ Membership Number: \_\_\_\_\_

Please list your Medicare Number: \_\_\_\_\_

Can your child be given Panadol as a pain killer?  Yes  No

Will your child need to take any tablets or other medication during the course of the program?  Yes  No  
If yes, please list the medication & details of dosage (attached list if required)

The First Aid Officer will keep all medication in a secure place and will administer it to your child as needed. Do you consent to this process? If not, please detail how medication will be administered?  Yes  No

Has your child been taken off medication recently? If yes, please give details?  Yes  No

What is the year of your child's last tetanus injection? \_\_\_\_\_

Has your child previously broken/fractured any bones? If Yes, please give details:  Yes  No

**Specific Medical Conditions**

Please indicate in the relevant columns if your child has had any of the following. Provide additional details if necessary.

Condition	In the Past	Present	Details: e.g. severity, last injection, treatment	Condition	In the Past	Present	Details: e.g. severity, last injection, treatment
Asthma	<input type="checkbox"/>	<input type="checkbox"/>		Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>		Hypoactivity	<input type="checkbox"/>	<input type="checkbox"/>	
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>		Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>		Measles	<input type="checkbox"/>	<input type="checkbox"/>	
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>		Mumps	<input type="checkbox"/>	<input type="checkbox"/>	
Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>		Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>		Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	
Fits/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>		Allergy – foods	<input type="checkbox"/>	<input type="checkbox"/>	
Fainting/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>		Allergy – animals	<input type="checkbox"/>	<input type="checkbox"/>	
Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>		Allergy – other	<input type="checkbox"/>	<input type="checkbox"/>	
Other illnesses:	_____						

**Particular Activities**

In attending the program, you consent to your child's participation in a range of general sporting and recreational activities. If specific risk-oriented activities are included, the program will have informed you of these.

Are there any specific activities that you do not wish your child to participate in?  Yes  No  
If yes, please specify: \_\_\_\_\_

Do you consent to your child travelling in a leader's car (over 21yrs old), which is comprehensively insured, for medical or necessary program transportation? The Event Director will veto all use of any leaders cars and will only request their use if absolutely necessary.  Yes  No

**Your Agreement With Scripture Union**

I am aware in signing this document for my child's participation this program that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while Scripture Union and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of Scripture Union, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorise qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.

\_\_\_\_\_  
Name of Parent/Guardian

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date