

# Confidential Information



The following information is required if your child is involved in a medical emergency and a parent/guardian is not present.  
All information will be retained by the Team Manager and is confidential.

<b>Child's full name:</b>	<b>Date of birth:</b>
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Child's home address:	Postcode:
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Parent/guardian's full name:
Relationship:
Emergency telephone number: <i>After hours</i>

Name of person to contact in an emergency (if different from the parent/guardian):
Relationship:
Emergency telephone number: <i>After hours</i>

Name of family doctor: _____
Address of family doctor:
Phone number:

Medicare number:	No. on card
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Medical/hospital insurance fund:	Member number:
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Ambulance Member? <input type="checkbox"/> Yes <input type="checkbox"/> No      If yes, ambulance number:
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**Please tick if your child is living with any of the following health conditions:**

- Asthma (if ticked complete Asthma Management Plan)
- Anaphylaxis (if ticked review and update the Individual Management Plan for the camp or excursion)
- Blackouts                       Diabetes                       Dizzy spells                       Migraine
- Heart condition                       Travel sickness       Fits of any type
- Other: \_\_\_\_\_

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## Allergies

Please tick if your child is allergic to any of the following:

- Penicillin                       Other Drugs: \_\_\_\_\_
- Foods: \_\_\_\_\_
- Other allergies: \_\_\_\_\_
- What special care is recommended for these allergies? \_\_\_\_\_
- \_\_\_\_\_

Year of last tetanus immunisation: \_\_\_\_\_

## Medication

Is your child taking any medicine(s)?  Yes  No  
If yes, provide the name of medication

\_\_\_\_\_

## Medical consent

In the case of a serious injury or medical emergency where I am not present, is unable to contact me, or it is otherwise impracticable to contact me, I consent to the Coach, Team Manager or other Club Representative ('Representative') to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the Representative judges to be reasonably necessary.
- I agree to meet all medical expenses for urgent medical attention which is required and is not covered by the insurance policy held by the Club.

## Child Safety: other information

Are there any of the following Orders in place ,relating to your child that the Club should be aware of;

- NO               YES
- Details               Consent order               Parenting Order               Parenting Plan
- Other info.: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

• I have provided all information to the best of my knowledge.

Signature of parent/guardian (named above) \_\_\_\_\_

Date: \_\_\_\_\_