



## Confidential Medical & Contact Information for South Melbourne Life Saving Club

The South Melbourne Life Saving Club will use this information if your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the program is being run.

Parents are responsible for all medical costs that are not covered by SLSA insurance if your child is injured.

<b>Program name:</b> <u>Bronze Medallion / SRC Camp</u>
<b>Date/s:</b> <u>Monday 28<sup>th</sup> September to Friday 2<sup>nd</sup> October 2009</u>

<b>Child's name:</b> _____
<b>Child's home address:</b> _____
_____ Postcode: _____
<b>Childs DOB:</b> _____ <b>Age:</b> _____

<b>Parent/Guardian's full name:</b> _____
<b>Contact phone number/s:</b> _____
<b>Name of person to contact in an emergency (if different to parent/guardian):</b> _____
<b>Emergency contact phone number/s:</b> _____
<b>Business hrs:</b> _____
<b>After hrs:</b> _____

<b>Family doctor name:</b> _____
<b>Name of clinic:</b> _____
<b>Address:</b> _____
<b>Medicare number:</b> _____
<b>Private Health Insurance Fund:</b> _____
<b>Member number:</b> _____
<b>Ambulance membership:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, membership number:</b> _____

<b>Please tick if your child suffers from any of the following ailments:</b>
<input type="checkbox"/> Asthma (does your child carry an inhaler <input type="checkbox"/> Yes <input type="checkbox"/> No)
<input type="checkbox"/> Blackouts <input type="checkbox"/> Diabetes <input type="checkbox"/> Heart Condition <input type="checkbox"/> Migraine
<input type="checkbox"/> Sleepwalking <input type="checkbox"/> Travel sickness <input type="checkbox"/> Fits of any type
<input type="checkbox"/> Other (please specify) _____

**Please tick the following if your child suffers from any of the following allergies:**

- Penicillin                       Other drugs: \_\_\_\_\_
- Foods: \_\_\_\_\_
- Does your child carry an Epi Pen
- Any other allergies: \_\_\_\_\_
- Does your child have an emergency management plan for the ailments/allergies they suffer from:  
\_\_\_\_\_

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

**Medication:**

Is your child taking any medication?  Yes  No If yes, please give the following details:

Name of medication: \_\_\_\_\_

Dose: \_\_\_\_\_

When and how is it to be taken: \_\_\_\_\_

If you have filled in the above section, you must speak with the trainer in charge to discuss that your child's ailment/allergy/medication.

Signature discussion has been had  Yes

Trainer: \_\_\_\_\_

Parent: \_\_\_\_\_

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

**Medical consent:**

Where the South Melbourne Life Saving Club is unable to contact me, or is otherwise impracticable to contact me, I authorise the South Melbourne Life Saving Club to:

- Consent my child receiving any medical or surgical attention deemed necessary by a medical practitioner
- Administer such first aid as the South Melbourne Life Saving Club judges to be reasonably necessary.

**Signature of parent/guardian (named above):**

\_\_\_\_\_

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

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**South Melbourne Life Saving Club Inc**

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