ADULT MEDICAL CONSENT FORM

PLEASE COPY BACK TO BACK

SURNAME: .....

School_____ **MALE or FEMALE**

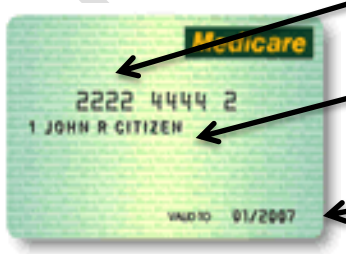
Given Name _____ Surname _____ Date of Birth _____

Home Address _____ Post Code _____

Home Phone _____ Work/ Mobile Phone _____

Name of Family Doctor_____ Phone Number _____

Medicare Details



Medicare Number _____

Number of person _____

Medicare Exp Date _____

Emergency Contact _____ Relationship to Patient _____ Phone _____

Will you be arriving late or departing early from camp? **YES/NO** If YES, please complete the following details:

Day/Date	Arrival Time	Reason for late arrival/early departure	Departure time	Return Time	Day/Date

*Please indicate **YES or No** if you have one or more of the following conditions that may affect your health and safety to fully participate during the camp.*
If YES, please write details of the condition to assist camp coordinators and/or health professionals in supporting you.
If you have a health condition requiring an Emergency Health Management Plan (which caters for the conditions of this school camp), your camp coordinator will have a copy for you to complete and attach to this form.

Asthma/Other respiratory problems **YES NO** _____

Heart Condition/recent operation/injury **YES NO** _____

Severe Allery (Epipen required) **YES NO** _____

Medical Allergies

(eg Penicillin, anelgesics) **YES NO** _____

Food Allergies

(Medically diagnosed eg Coeliac, diary, etc) **YES NO** _____

Diabetes **YES NO** _____

Epilepsy **YES NO** _____

Tetanus Booster/date of last injection **YES NO** _____

Recent infectious disease **YES NO** _____

Other relevant information **YES NO** _____

In the case of a medical emergency every effort will be made to notify your emergency contact. **In the rare case that contact cannot be made do you give authorisation for Qualified Practitioners to administer:** **ANAESTHETIC (Please circle) YES NO BLOOD TRANSFUSION (Please circle) YES NO**
Are you taking tablets and/or other form of prescribed medication? **YES NO**
Any other additional details or conditions please outline:
CAMP CONSENT I _____, give consent for teachers/staff involved in the camp to provide basic first aid if required and/or contact an ambulance who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my emergency contact in the event of any emergency. I acknowledge that the Department of Education and Training does not have Personal Accident Insurance cover and I agree to pay all expenses incurred Signature: _____ Print Name: _____ Date: _____/_____/20_____