Medical & Consent Form - Adult

Name of Camper:	
Address:	
D.O.B: / /	**Sex:** **Height:** **Weight:**
Emergency Contact: Name:	
Phone: (hm) (wk) (mob)	
Medicare Number:	**Ambulance Cover: Y / N :**
Private Medical Cover; Y / N:	(details)
Doctor's Name:	**Phone:**
Do you suffer from: any chronic injury or illness ? Y / N: _____	(details)
: Asthma ? Y / N : Triggers:_____	(details)
Do you have any allergies ? (eg drugs, food, plants) Y / N:_____	(details)
Do you suffer from: Heart Problems ? Y / N: _____	(details)
: Blood Pressure ? Y / N: _____	(details)
Do you have any emotional / behavioural disorders ? Y / N Phobias ? Y / N	
If yes please specify:	
Do you require medication? Y / N Are you allergic to Paracetamol ? Y / N	
Have you been ill or required medical attention in the last four (4) weeks ? Y / N	
If yes please specify:	
If you have seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.	
Date of last tetanus injection: _____	
How would you rate your swimming ability ?	
☐ **Unable** – Nothing more than dog paddle ☐ **Poor** – Basic strokes, only limited strokes beyond domestic swimming pool	
☐ **Good** – Strong swimmer, able to swim confidently in a variety of water conditions	
☐ **Excellent** – 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 _____	

CONSENT

I understand that 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 participation in activities of a hazardous nature, though 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 me, that may place me at greater than normal risk. I authorise 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 myself in respect of any accidents or sickness at the camp. Should I need to be returned home for any reason I will cover any associated costs.

I am attending camp on this understanding.

_____ _____ _____

Signature of Participant | Full Name of Participant | Date

The information provided by participants is obtained for the purpose of supporting employees and providing high quality program. It will be used by Camp Yarramundi to meet the duty of care and child protection responsibilities of the organisation and to support the information needs of the employees and participants. The information will only be disclosed for purposes directly related to the purpose for which it is collected.