Medical & Consent Form

Name of Student:	
Address:	
Age: **D.O.B:** / /	**Sex:** **Height:** **Weight:**
Emergency Contact: Name:	
Phone: (hm)	(wk) (mob)
Medicare Number:	**No. on Card:** **Ambulance Cover: Y / N :**
Private Medical Cover; Y / N:	(details)
Doctor's Name:	**Phone:**
Does your child suffer from: any chronic injury or illness ? Y / N:	(details)
: Asthma ? Y / N : Triggers:	(details)
Does your child have any allergies ? (eg drugs, food, plants) Y / N:	(details)
Does your child suffer from: Heart Problems ? Y / N:	(details)
: Blood Pressure ? Y / N:	(details)
Does your child have any emotional / behavioural disorders ? Y / N **Phobias ? Y / N**	
If yes please specify:	
Does your child require medication ? Y / N **May we administer Paracetamol if required? Y / N**	
Has your child been ill or required medical attention in the last four (4) weeks ? Y / N	
If yes please specify:	
If your child has seen a doctor in the last four weeks please attach a medical certificate consenting to their attendance.	
Date of last tetanus injection: _____ (if your child's tetanus is not current please see your doctor)	
Does your child: Wet the Bed ? Y / N **Sleepwalk ? Y / N** **Suffer travel sickness? Y / N**	
How would you rate your child's 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	_____

PARENT or GUARDIAN CONSENT

As parent / guardian I understand that the 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 child / ward's participation in activities of a hazardous nature, though the 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 my child / ward, that may place him / her at greater than normal risk. I authorise the 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 my child / ward in respect of any accidents or sickness at the camp. Should my child/ward need to be returned home for any reason I will cover any associated costs.

I consent to my child/ward attending camp on this understanding.

_____ _____ _____

Signature of Parent / Guardian | Full Name of Parent / Guardian | Date

The information provided by participants is obtained for the purpose of supporting employees and providing high quality program. It will be used by the YMCA of Sydney 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.