

Medical Form



Personal Details

Name: _____

Address: _____

Age: _____ D.O.B.: _____ Sex: _____ Height: _____ Weight: _____

Emergency Contact

Name: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

Medicare Number: _____ Ambulance Cover: YES NO

Private Medical Cover: YES NO _____ (FUND DETAILS)

Doctor's Name: _____ Phone: _____

Does your child suffer from any chronic injury or illness?: YES NO _____ (PROVIDE DETAILS)

Does your child suffer from asthma?: YES NO _____ (PROVIDE DETAILS)

IF YES, YOU MUST COMPLETE AN EASY TO FILL MANAGEMENT PLAN. CONTACT OFFICE.

Does your child have any allergies? (e.g. drugs, food, plants): YES NO _____ (PROVIDE DETAILS)

Does your child suffer from Heart Problems: YES NO _____ (PROVIDE DETAILS)

Does your child suffer from Blood Pressure: YES NO _____ (PROVIDE DETAILS)

Does your child have any emotional / behavioural disorders?: YES NO Phobias?: YES NO

If Yes, please specify: _____

Does your child require medication?: YES NO May we administer Paracetamol if required?: YES NO

Has your child been ill or required medical attention in the last four (4) weeks?: YES NO

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?: YES NO Sleepwalk?: YES NO Suffer travel sickness?: YES NO

How far can your child swim without assistance? 50 metres 100 metres 250 metres or more (TICK ONE)

Special dietary requirements: _____

Activity restrictions? _____

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.

Camp Medical Form

Parent/Guardian Consent

As parent / guardian I understand that NSW Police Legacy and its camp supervisors 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 NSW Police Legacy 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 NSW Police Legacy and its camp supervisors 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

MEDICATION ALERT

Children **MUST NOT** be sent on camp with Panadol, Neurofen or any other form of pain relievers. **ALL** medication must be handed to supervisors at the beginning of camp.

Please add any medication that your child takes regularly to the table below. Please remember that you only need to inform us of medication that they will be taking during the period of the camp.

ALL medication should be labeled with the child's name and all the details of when and how often they must take the medication.

Medication Name	Dosage	Frequency	Reason medication is required
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____