

KENMORE BAPTIST CHURCH Youth MEDICAL CONSENT FORM 2009

NOTE: This Medical Form will cover you for all future activities/camps/events organised by Kenmore Baptist Church Youth for 2009. If you filled one of these out for Jan Camp, and your details or medical condition hasn't changed since then, you don't need to fill this out again. This is a general form that includes a range of activities for camps and events, therefore some activities on the last page will not be offered at every event. Please ensure to fill out both sides of this form. If any of your details on this form changes throughout the year, please contact KBC immediately.

* Return form **AND** fee to help desk in the church foyer or **Church Office**. Rego NOT ACCEPTED without payment.

PERSONAL DETAILS

Name: _____

Address: _____

Suburb/Town: _____

State: _____ P/code: _____

Age: _____ D.O.B. _____

Gender: Male / Female

Phone: _____

Mobile: _____

Email: _____

EMERGENCY CONTACT INFORMATION

Emergency Contact 1:

Name _____

Relationship: _____

(H) (____) _____

(Wk/Mb) (____) _____

Emergency Contact 2:

Name _____

Relationship: _____

(H) (____) _____

(Wk/Mb) (____) _____

MEDICARE NUMBER

TETANUS INFORMATION

Date of the participant's last **TETANUS** booster?

SWIMMING ABILITY

What is the participant's swimming ability? (Please circle as appropriate)

Can't Swim Poor Fair Strong

MEDICAL CONDITIONS

HAS THE PARTICIPANT EVER SUFFERED FROM	YES	NO	IF YES GIVE DETAILS (When, what treatment given, etc)
Communicable Disease			
Sugar Diabetes			
Epilepsy			
Heart Problems			
Blood Pressure Problems			
Respiratory Problems i) Asthma ii) Other			If yes to Asthma fill out the Asthma Management Form on the next page
Allergies: Foods; Drugs; Ointments; Adhesives; Insects; Other			
Appendix removed			
Recent Operations			
Recent or ongoing injuries e.g. knees, ankles, back			
Recent illness			
Phobias			
Bed Wetting			
Others; please list			

MEDICINES

Kenmore Baptist Church should be given clear written instructions on any personal medication that the participant will be taking during the camp; this is to prevent any possible confusion that could arise from verbal instructions. Medication should also be placed in a plastic bag with the written instructions.

Please give details of any medication being taken including dosage, frequency etc:

Do you authorise the provision of **paracetamol** to the participant should the need arise? Yes No

Signed (Parent/Guardian if participant is u18):

If "yes", please state the dosage:

SPECIAL DIETARY REQUIREMENTS

Please give details of any special dietary requirements, e.g. vegetarian, lactose intolerance, food allergies etc:

MEDIA RELEASE

I, _____ (parent name) being the parent/guardian of _____ (Child's name) give consent for KBC to use and reproduce appropriate photographic/video/film /digital images of the above-named child – for promotional purposes and/or publications including Web posting on the KBC website.

Signed _____ Date _____

ASTHMA MANAGEMENT FORM

Name		
Regular medication		
Quantities and daily dosages		
Additional medication to be taken during an attack		
The medications listed above must be brought to the program by the participant.		
Has the participant ever been taken to hospital because of asthma or related conditions? If yes, how long ago, and please give all details.		
Expected best Peak Expiratory Flow reading:		
Peak Expiratory Flow reading requiring extra medication:		
Peak Expiratory Flow reading when advisable to seek medical assistance:		
Known trigger factors (Please tick any appropriate item below and give details)		
<input type="checkbox"/> Dust		
<input type="checkbox"/> Sudden change in temperature		
<input type="checkbox"/> Contact with animals		
<input type="checkbox"/> Grass, weeds, pollens, mould		
<input type="checkbox"/> Atmospheric pollution		
<input type="checkbox"/> Vigorous exercise		
<input type="checkbox"/> Other		

DECLARATION

I hereby give my consent and authorise the person in charge, or his/her representative, to obtain such medical attention as may be deemed necessary, and I understand I am responsible for the costs. I further authorise qualified medical practitioners to administer anaesthetic and blood transfusion if the necessity arises.

I understand that I/my child if so chooses may participate in the following activities and I agree to indemnify you against claims for personal injuries resulting therefrom:

LIST OF INCLUDED ACTIVITIES ACROSS A RANGE OF CAMPS, EVENTS, ACTIVITIES at KBC:

- swimming and canoeing (with personal floatation devices provided) in river
- casual games and activities
- organized games and activities
- Various Sports
- sleeping in tents
- Beach activities, including swimming

I give permission for myself/my child to participate and I understand that whilst all appropriate safety precautions will be followed and leaders have relevant qualifications, the activities mentioned carry an element of risk and that if I do not totally understand those risks I will phone Kenmore Baptist Church for clarification.

I understand that this form will be retained by Kenmore Baptist Church and stored in accordance with Privacy legislation; that the information will be used only to facilitate the provision of a safe and enjoyable experience for the participants; that the participant may update incorrect information, or inspect information held about them by Kenmore Baptist Church at any agreed time; and that if this form is not fully and accurately completed, the safety of the participant may be jeopardized. I understand that should I refuse to complete this form fully, the participant may be refused permission to participate in the event. If I do not agree with or understand this clause I will contact Kenmore Baptist Church.

Participant Signature:

Date: ____/____/____

Parent/Guardian Signature: (If participant is under 18)

Date: ____/____/____

If you would like any further information or would like to discuss anything with the camp facilitators, please feel free to call **Kenmore Baptist Church 07 3378 3595**.