



Lasallian Youth Gathering

MEDICAL INFORMATION FORM

(To be completed by Parent or Guardian)

**Please complete this form and return as requested.
Lasallian Youth Ministry will retain it in confidence.**

Participant's Name: _____ Date of Birth: _____

Gender: _____

Address: _____

Country: _____ State: _____

Associated School: _____ Year Level: _____

Participant Contact Email Address _____

Legal Guardian Email Address _____

Legal Guardian Name: _____

Home Telephone: _____

Work Telephone: _____ Mobile: _____

Emergency Contact Name: _____

Relationship to Participant: _____

Home Telephone: _____

Work Telephone: _____ Mobile: _____

Health Insurance Company: _____ Policy No.: _____

Medicare Number: _____ Expiry Date: _____

Doctor's Name: _____ Telephone: _____

Specialist's Name: _____ Telephone: _____
(if applicable)

Ambulance Subscription? Yes [] No [] Part of Private Ins Yes [] No []
(Highly Recommended)

Details of any SPECIAL DIETARY CONDITIONS

Details of any KNOWN ALLERGIES, which your child has experienced

Details of any other physical conditions that your child possesses

MEDICAL HISTORY

Has your child ever suffered from any of the following illnesses? Attach a management plan for any that you deem necessary. (Please tick the relevant boxes)

<i>Fits of any type</i>	<input type="checkbox"/>	<i>Sleep Walking</i>	<input type="checkbox"/>
<i>Migraines</i>	<input type="checkbox"/>	<i>Travel Sickness</i>	<input type="checkbox"/>

Heart Condition

Blackouts

Asthma (Complete attached plan)

Dizzy Spells

Diabetes (Complete plan)

Anaphylaxis (Complete attached plan)

OTHER MEDICATION

Is your son/daughter supplied with any medication, which he/she will need to take while away? Please attach any further details.

Yes []

No []

Name/dosage/details: _____

Are there any mental, emotional or social conditions that your child is affected by: _____

Any other issues that you would like to note: _____

Parents' / Guardian Consent

I declare that the information, which I have provided, on this form is complete and correct and that I will notify Lasallian Mission Services if any changes occur prior to the Camp departure. I/We hereby give consent for _____ to attend the **Lasallian Youth Gathering from Monday 10th July – Friday 14th July, 2017** and believe he/she is medically and physically fit to do so. Lasallian Mission services provides limited personal accident insurance cover for all participants while at Camp or travelling directly to and from Camp. By law, the cover can not apply to any Medicare service or Medicare gap.

Do you give permission for your child to attend the nominated programme?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you authorise staff to dispense the above medication to your child at the prescribed times?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you give permission for your child to be given S2 analgesics, such as paracetamol?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Do you give permission for staff to administer first aid treatment as reasonably required?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is your child's tetanus vaccination up to date?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you consent for ambulance, dental, medical or surgical treatment as deemed necessary in the event that you are unable to be contacted Do you also agree to meet any associated costs?	YES <input type="checkbox"/> NO <input type="checkbox"/>

I understand that Lasallian Mission services needs to collect information about my son or daughter for the purpose of preparing for this event to ensure the safe environment is established, and that they will not pass my information on to any other organisation.

I consent to these details being used by Lasallian Mission services for the promotion of other events and resources via post, phone, email, SMS, Facebook and other Social Media networks. I also understand that this event will be captured in photographs and video, and I consent for Lasallian Mission services to use these for promotional and reporting purposes and other forms of communication.

Signature _____

Name (Printed) _____

Date _____