# Forest Lakes Camp 2018

## Health and Medical Profile for Students and Adult helpers

This profile is designed to assist with the care of all participants on EOTC events, including adults. One form for **EACH** participant is to completed. (please return by Friday 16 February)

Student name: _____ Parent/Caregiver name:_____

| Emergency contact name | Relationship | Home phone | Work phone | Mobile phone |
|---|---|---|---|---|
| 1: | | | | |
| 2: | | | | |

In the event of an accident happening, the emergency contact would be notified as soon as possible.

Medic Alert Number (if applicable):

**1. Please tick if you have any of the following:**

☐ Migraine ☐ Epilepsy ☐ Asthma ☐ Diabetes

☐ Travel sickness ☐ Seizures (any type) ☐ Heart Condition ☐ Chronic nose bleeds

☐ Dizzy spells ☐ ADHD ☐ Hayfever with:_____

☐ Other (please specify)_____

**For overnight events**

☐ Sleepwalking ☐ Bed wetting

**2. Are you currently taking medication?** ☐ YES ☐ NO

If YES please state: Health condition/s:

Name of medication/s:

Dosage and time/s to be taken:

Other treatment:

**3. Is a health plan required?** ☐ YES ☐ NO

Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? ☐ YES ☐ NO

If YES, please state the injury/illness:

**4. Are you allergic to any of the following?**

| | Yes | No | Please specify |
|---|---|---|---|
| Prescription medication | ☐ | ☐ | |

Food ☐ ☐

Insect bites/stings ☐ ☐

Other allergies ☐ ☐

What treatment is required for their allergies?

**5. When was your/your child's last tetanus injection?**

**6. Outline any dietary requirements (please state if vegetarian or other needs)**

**7. Swimming ability** I am/My child is able to swim unassisted 50m ☐ YES ☐ NO

**8. What pain/flu medication may you/your child be given if necessary? _____**

**9. To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last four weeks?** ☐ YES ☐ NO

If yes please give details

**10. Is there any information the staff should know to ensure the physical and emotional safety of you/your child?** (For example cultural practices; disability; anxiety; about heights/darkness/small spaces; behaviour or emotional problems) ☐ YES ☐ NO

If yes, please state or attach the information.

**Consent:**

- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in medical or other circumstances between now and the commencement of the event.
- I agree to my child/myself receiving any emergency medical treatment, as considered necessary by the medical authorities present and to travel by car for this purpose.
- Any medical costs not covered by ACC or a community services card will be paid by me.

**To be read and signed by adult participant or parent/caregiver of child participant.**

**Name: _____ Date: _____**

**Signature: _____**