

MEDICAL AND HEALTH INFORMATION FORM

Please note that all personal information will only be used for the primary purpose for which it is collected or in the limited circumstances set out in the Privacy Act. Information will be stored securely and will not be disclosed to others outside Fusion unless legally required to do so.

For more information go to <http://www.fusion.org.au/about-fusion/privacy-statement>

Personal Contact Details

Name _____

Age _____ Date of Birth _____

Address _____

Suburb _____ Post Code _____

Phone numbers: home _____ mobile _____

Email _____

Safety & Care Details

In case of an emergency, please list phone numbers where you and a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

Can your child swim? (tick one) No Fair Swimmer Good Swimmer

Does your child have any special dietary requirements or allergies? Yes No

Is so, please list them:

Do you consent to appropriate use by us of photographs taken on this program that include your child? Eg. Inclusion in newspaper, placement on our web page or brochures? Yes No

Medical Information

Medicare Number: _____ Number of person on Medicare Card: ___

Health Care Card No (if applicable): _____

Family Doctor: _____ Doctor Phone No: _____

Specific Medical Conditions

Please indicate if your child has had any of the **conditions below**. Provide additional details if necessary.

Condition	In The Past	Present	Details: eg. Severity, treatment, surgery?	Condition	In the Past	Present	Details: eg, severity, treatment, surgery?
Asthma				Heart Problems			
Appendicitis				Mental Health			
Bronchitis				Measles			
Chicken Pox				Mumps			
Diabetes				Pneumonia			
Ear Infections				Tonsillitis			
Epilepsy				Seizures			
Faint/Dizziness				Glandular Fever			
				Other			

Do you currently have any medications prescribed and/or take any non-prescription medication regularly at present? Yes No

If yes, name the medication (prescribed and non-prescribed):

Has your child recently been taken off any medications? Yes No

If yes, please provide details: _____

Are there any other conditions that require special attention that we should know about, eg. Hearing or sight impairment, ADHD, behavioural issues or any other?

If yes, provide details _____

Participant's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

CONSENT AND INDEMNITY FORM

Parent/Guardian to complete:

I _____, being the parent/guardian of _____ consent to him/her taking part in the 'Elemental' Holiday Program taking place from 13th – 17th January 2020 on the following terms:

I acknowledge that risk of injury is inherent in all physical activities and while I am aware that the organisers will take due care, I recognise that accidents may occur.

The organisers and supervisors have my full authority to take whatever action they may think necessary to ensure my child's safety, health and wellbeing during the program, including the seeking of my medical care should it be required. I agree to pay all such medical expenses.

I have attached medical information as requested concerning my child's health including any relevant details of known or anticipated limitations relating to the planned activities. I authorise the organisers to contact a doctor or medical specialist or call an ambulance in case of an emergency.

I am aware that the Holiday Program is a drug and alcohol free event. I fully understand that if my child brings, uses or buys any illegal substance during the trip he/she will be asked to return home early. I am also aware that there will be limitations placed around where and when cigarettes may be smoked.

I understand that in order to ensure the comfort, safety and wellbeing of all involved in the program my child will be expected to cooperate fully with the organisers during the program.

I hereby release Fusion and the Holiday Program organisers and their staff from any liability for any personal injury or property loss incurred to me or by me during the Holiday Program.

Parent/Guardian Signature _____ Date _____