

P3 – Medical Consent Form

Adventurous Journey Destination:	START DATE: / / FINISH DATE: / /
Award Unit:	

PARTICIPANT DETAILS			
First Name	Surname		
Home Phone	Other Phone		
Address			
Do you identify as an Aboriginal or Torres Strait Islander person?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
EMERGENCY CONTACT DETAILS			
Contact Person	Relationship		
Phone (home)	Phone (other)		
MEDICAL DETAILS			
Date of Birth: / /	Weight: kgs	Gender:	Height: cms
Do you have, or have ever had, any of the following?			
Asthma <i>if yes, date of last episode & any medication you use</i>	Heart Problems/ Disease	Diabetes	
Drug Allergy <i>if yes, please circle</i> Penicillin Morphia Other:	High Blood Pressure	Bleeding Condition	
Other Allergies <i>if yes, please state</i>	Mental Health Issue	Recent Illness/ Injury <i>if yes, please state</i>	
Do you have any disability <i>if yes, please state</i>	Fears/ Phobias <i>if yes, please state</i>	Other Condition	
Date of Last Tetanus Injection: Within last 2 years <input type="checkbox"/> last 10 years <input type="checkbox"/> over 10 years ago <input type="checkbox"/> Never <input type="checkbox"/>			
If the need arises do you give permission for the young person to be administered paracetamol? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Medications: <i>list all medications you presently use -including prescription and over the counter medication</i>			
Medication _____	Dosage _____	Frequency _____	Treatment for _____
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Medication _____	Dosage _____	Frequency _____	Treatment for _____
Parental Permission for DOE staff to administer medication: Yes <input type="checkbox"/> No <input type="checkbox"/>			
Swimming Ability: Excellent <input type="checkbox"/> Confident <input type="checkbox"/> Some Confidence <input type="checkbox"/> Not Confident <input type="checkbox"/>			
Do you have any special dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>if yes, please state</i>			
Medicare No: _____	Private Health Fund <i>if Yes, please state details</i>		
Place on card: _____	Expiry date: / /		