

## Activity Medical & Indemnity Form

This report is intended to assist YL leaders in case of any special care needed for your son/daughter. All information is held in confidence.

### Personal Information: to be completed by the parent/guardian.

Attendee's Name: \_\_\_\_\_ D.O.B: \_\_\_/\_\_\_/\_\_\_ School & Year: \_\_\_\_\_

Attendee's Email: \_\_\_\_\_ Attendee's Mobile: \_\_\_\_\_

Your name (Parent /Guardian with whom the attendee primarily resides): \_\_\_\_\_

Your residential address: \_\_\_\_\_ Postcode \_\_\_\_\_

Your Email address: H: \_\_\_\_\_ Wk: \_\_\_\_\_

Primary Home Phone: \_\_\_\_\_ Your Mobile: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Secondary Parent's/Guardian's Name (if other than resident): \_\_\_\_\_

Secondary Address (if applic): \_\_\_\_\_ Postcode \_\_\_\_\_

Secondary Home Phone: \_\_\_\_\_ Parent Mobile: \_\_\_\_\_ Work Ph: \_\_\_\_\_

Do you permit your child to leave the program unattended? Y / N

Name of person collecting your child at the end of the activity? \_\_\_\_\_

Are there any Court Orders etc that we should be aware of with regards to attendee? If so, please provide details:

Y / N \_\_\_\_\_

### Medical Information

Name & Address of Family Doctor: \_\_\_\_\_

Medicare no: \_\_\_\_\_ Private Health Insurance Fund & no: \_\_\_\_\_

Are there any conditions which require special attention that we should know about, ex: hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations or any other? If so, please provide details:

Y / N \_\_\_\_\_

**Other important information:** Note that in regards to non-prescription medication such as paracetamol (ex: Panadol), it is our policy for team leaders and team members not to provide medications.

Will your child need to take any tablets or other medication during the course of the program? If yes, please list the medication/s: Y / N \_\_\_\_\_

Has your child been taken off medication recently? If yes, please provide details:

Y / N \_\_\_\_\_

What is the year of the attendee's last tetanus injection? \_\_\_\_\_

Has the Attendee previously broken or fractured any bones? If yes, please provide details:

Y / N \_\_\_\_\_

Please tick any relevant columns if the attendee or any family members has had any of the following. Please provide additional details (severity, last injection, treatment) if necessary.

Condition	Past	Present	Attendee	Family	Condition	Past	Present	Attendee	Family
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hyper-activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appendicitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hypo-activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Heart Problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken Pox	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Measles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Mumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ear Infections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tonsillitis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fits/Convulsions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Faint/Dizziness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – animals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glandular Fever	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Allergy – other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further details can be provided below.

Can the attendee swim? (tick one)  No  Fair Swimmer  Good Swimmer

Please tick any condition that the attendee may suffer while on an activity or a camping trip.

- Dizzy spells  Fits of any type  Heart Condition  
 Sleep Walking  Travel Sickness  Asthma  
 Blackouts  Migraine  Any other

If 'any other' please specify: \_\_\_\_\_

Any Food allergies? \_\_\_\_\_ Any Drug reactions? \_\_\_\_\_

Penicillin: Y / N? \_\_\_\_\_ Any other things to avoid? \_\_\_\_\_

Any special level of care needed? \_\_\_\_\_

Does your child have any special dietary requirements? \_\_\_\_\_

- Vegetarian  Vegan  Celiac disease  Lactose intolerant  other: \_\_\_\_\_

### Specific Activities

In attending the activity or camp, you consent to your child's participation in a range of general sporting and recreational activities. If particular risk-orientated activities are included, the organisers will have informed you of these. Are there any specific activities that you DO NOT wish your child to participate in? If yes, please specify:

Y / N \_\_\_\_\_

**Consent to medical attention:** I, the undersigned confirm my consent to the activities my child will engage in while on a Young Life activity or camp. I acknowledge the staff and volunteer agents of Young Life will take all possible care but cannot be held responsible for unforeseen accident or illness arising. I hereby consent to medical, hospital, rescue procedures being employed in the best interests of my child and that I shall be notified as soon as possible should the continuance of such procedures be necessary.

**Disclaimer:** In the unforeseen event of personal injury or illness sustained while on a Young Life activity or camp, or the loss of personal property except where such property was held in the custody of Young Life staff or volunteer agents when lost while on a Young Life activity or camp, I hereby release, and exempt, and indemnify the organisers, sponsors, and all other persons involved in the organisation of the Young Life camp, trip, excursion, from all action, proceedings, demands, costs, expense, and claims whatsoever made or taken by any person arising out of my child's participation in such camp, trip, or excursion.

**Discipline:** If in the event your child's behaviour is deemed by the organisers to be inappropriate or compromises the safety and/or health of other Attendees on the camp, trip or excursion, then Young Life reserves the right to send your child home, at your expense, at the earliest possible time, by the most effective mode of transport, in conjunction with your co-operation.

**Signed Parent / Guardian:** \_\_\_\_\_ **Date** \_\_\_\_\_

The personal contact/address details you supply on this form will be entered into our database. We may use it to send you further information about Young Life Australia. Young Life Australia adheres to the Privacy Act and will not disclose this information to third parties. If you would like to know what information Young Life holds about you please call 1300 557 647. Young Life may take photos &/or video footage at Young Life activities and use for promotional purposes. Tick the box below if you DO NOT wish photos or footage of your child/guardian to be used.

- Please remove me from the mailing list.  Please do not use media of my child.