

LAND'S EDGE HOLIDAY PROGRAM - MEDICAL FORM - for Holiday Camp on: / /

Information provided on this medical form is confidential. It will not be reused, rented, loaned, sold or otherwise disclosed to a third party except with prior written permission. Information provided will not be used to restrict activities rather it enables Land's Edge to adequately prepare all programming.

CHILD'S DETAILS: Name: _____ D.O.B: _____

Address: _____ Male Female Please tick

Medicare No: _____ Private Health Insurance: _____ No: _____

In one word, please describe your child's swimming ability at the beach / ocean: _____

EMERGENCY CONTACT DETAILS: Name: _____ Relationship: _____

Daytime No: _____ Mobile: _____ Evening/night No: _____

Address (if different to address above) _____

Family doctor: Name: _____ Contact No: _____

MEDICAL DETAILS: Date of last tetanus inoculation _____ **(current inoculation recommended)**

Do you have any illnesses or disabilities (ie high blood pressure, heart/lung condition, asthma, allergy, diabetes, epilepsy, dyslexia, vision impaired, deafness)? **Yes / No** Please give details _____

If you suffer from ASTHMA or an ALLERGY you MUST complete the appropriate Management Plan attached.

Have you ever been hospitalised for any of the above conditions? **Yes / No** If Yes, give details _____

Do you currently take any form of medication? **Yes / No** If Yes, give details _____

Do you have any past injuries? **Yes / No** If Yes, give details _____

Have you undergone surgery in the past 3 years? **Yes / No** If Yes, give details _____

Have you ever suffered from a stress-related illness? **Yes / No** If Yes, give details _____

Are there any other medical conditions Land's Edge should be aware of? _____

Are there any special dietary requirements i.e. Vegetarian? _____

Important Notice: I acknowledge that Land's Edge first aid kits contain the following medications: (Please indicate medications that ARE NOT to be administered)

- * Panadol 500mg, * Naprogesic 275mg, * Ponstan 250mg, * Imodium 50mg, * Mylanta, * Claratyne 10mg,
- * Gastrolyte 5.2g, * Ventolin 100mg, * Senokot 7.5mg