Edith Cowan University
South West Campus (Bunbury)

Medical & Custody Form

Full Name: _____ **Date of Birth:** ___/___/___

1. What, if any, medical conditions/pre-existing injuries apply? (Please tick all applicable). This information may not disqualify your children from participating; rather it will enable the staff to take better care of your child's needs. A medical clearance may be required.

☐ Stroke	☐ Heart condition	☐ Bypass surgery
☐ Blood vessel surgery	☐ Angioplasty	☐ High blood pressure
☐ Heart murmur	☐ Circulation problems	☐ Chest pains
☐ Asthma/breathing problems	☐ Respiratory problems	☐ Hernia
☐ High cholesterol	☐ Exercise induced condition	☐ Diabetes
☐ Chronic illness/disease	☐ Dizzy spells	☐ Epilepsy (please provide action plan)
☐ Thyroid condition	☐ Back or neck problems	☐ Oher Joint or Muscular problems
☐ Arthritis/Osteoporosis	☐ Rheumatic fever	☐ Autism
☐ Anaphylaxis (Please provide action plan)	☐ ADHD/ADD	

☐ Other: please specify:_____

Please provide further information relating to above conditions. Include dates, treatment, restrictions, medication, etc. _____

_____

2. Any allergies? ☐ **NO** ☐ **YES**, please specify: NOTE: we are unable to guarantee a nut-free or allergenic-free environment

_____

3. Taking any medication?* ☐ **NO** ☐ **YES** Please specify and discuss medication requirements with the staff member?

_____

4. Any surgery in the past 12 months? ☐ **NO** ☐ **YES**, please specify: _____

_____

5. Any reason why participation in exercise could cause harm without medical approval? ☐ **NO** ☐ **YES** Please specify

_____

6. To assist us to communicate with you in the event of an outbreak of a National Health and Medical Research Council (NHMRC) listed communicable disease, can you please confirm if your child is immunised in accordance with NHMRC guidelines?

☐ **NO** ☐ **YES** ☐ **Don't know** ☐ **I do not wish to disclose**

7. Is there any custodial information or any Family Court orders affecting your child(ren) that we should know about?

☐ **NO** ☐ **YES**, please specify: _____

I confirm that I have disclosed all relevant medical and health information and have made Edith Cowan University (ECU) aware of all physical, mental or health conditions, which could be aggravated, worsened or impaired by my child's participation in physical exercise or programs. I consent to medical treatment being administered to my child in an emergency.

Emergency Contact Person: _____ **Phone Number:** _____

Parent / Guardian of child: _____ Signature: _____ Date: ___/___/_____

All information is managed in accordance to ECU's Privacy Policy located at www.ecu.edu.au/GPPS/policies_db/tmp/ad067.pdf

To be completed 'On the Day' - Medicine Administration (must have chemist label with child's name):

Last dosage given: Time ____:____ am/pm Amount: _____ Dosage Date: ___/___/___ Guardian Sign: _____

Next dosage required: Time ____:____ am/pm Amount: _____ Dosage Date: ___/___/___ Staff Sign: _____ Date: ___/___/___

(Staff sign when medication is administered as per above details – new form to be completed after use of this section)