

Medical and Custody Form - one form per child

All information is completely confidential and managed in accordance to ECU's privacy policy located at www.ecu.edu.au/GPPS/policies_db/tmp/ad067.pdf

Open form using Internet Explorer. Then save the PDF before you email it - otherwise your information won't get to us!

Child's Full Name: _____ Date of Birth: _____

Sex: **Male** **Female**

1. **Does your child have a medical condition (including without limitation any of the following conditions listed below or a pre-existing injury)?** (Please tick box). This information may not disqualify your child from participating in the program; rather it will enable the instructor to take better care of their needs.

Joint or Muscular Problems Autism ADHD/ADD Other _____

Heart Condition Diabetes Epilepsy **Provide Action Plan:** _____

Any Respiratory Problems Asthma Anaphylaxis _____

2. Does your child have any allergies? **YES** **NO** If yes, please specify:

3. Is your child on medication? **YES** **NO** If yes, please specify:

***If your child will be on medication during their attendance, please speak with the supervisor upon arrival to discuss your child's medication requirements.**

4. Are you aware of any reason why your child should not exercise without medical approval? **YES** **NO** If yes, please specify:

5. Is there any custodial information or any Family Court orders affecting custody of, or access to the child/ren?

YES **NO** If yes, please give details of who is authorised to collect child/ren and provide a copy of the court order:

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/ren is/are immunised in accordance with NHMRC guidelines?

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

7. **Emergency Contacts (if different from booking form)**

Emergency Contact 1: _____ Contact number: _____

Emergency Contact 2: _____ Contact number: _____

I confirm that I have disclosed all relevant medical and health information in writing as per the above. I agree that I have made ECU South West Campus 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.

Signature (parent/guardian): _____ Print name: _____ Date: ___/___/___
Type name if submitting electronic copy

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)