SP3 By ChildSafe
safe people • safe programs • safe places

Good Shepherd
Lutheran Church - Noosa

2024

U18 Medical & Personal Information

Resource Code CSE2-MC

Protecting Your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. the First-Aider-In-Charge). You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy. We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances, if you don't provide us with all requested information, you could miss the opportunity to be involved in our program.

***Program*:** _____

Personal Contact Details

Child's Given Name _____ Surname: _____

Preferred Name _____ ☐Male ☐Female Date of Birth: _____

Address _____

Suburb _____ Postcode _____ Phone ( ) _____

Do you consent to appropriate use by us of photographs taken on the program that include your child? ☐Yes ☐No
For example, inclusion in our newspaper, placement on our web page or in a brochure

Program Preparation Details

Dietary Requirements:
Does your child have any special dietary requirements? ☐Yes ☐No
If so, please list them: (We will endeavour to meet these requirements, and will contact you if necessary)

Can your child swim? (tick one) ☐No ☐Fair Swimmer ☐Good Swimmer

Safety and Care Details

In case of an emergency, please list phone numbers where you and a friend or relative may be contacted during the course of the program.

Name	Relationship	Phone Number

Information on Relevant Conditions

Are there any conditions which require special attention that we should know about, e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counselling situations, or any other? *Please list below:*

Medical Information Please give details of your child's medical insurance if applicable

Insurance Provider _____ Membership Number: _____

Medicare Number: _____ Number of person on Medicare Card: ___ Expiry Date: _____

Do you have ambulance cover? ☐Yes ☐No Health Care Card Number (if applicable): _____

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g. Panadol), it is our policy that leader team members do not provide medications.

Will your child need to take any tablets or other medication during the course of the program? ☐Yes ☐No

If yes, please give details: _____

Has your child been taken off medication recently? If yes, please give details? ☐Yes ☐No

What is the year of your child's last tetanus injection? ____

Has your child previously broken/fractured any bones? If Yes, please give details: ☐Yes ☐No

Specific Medical Conditions Please indicate if your child has had any of the **conditions below**. Provide additional details if necessary.

Condition	*In the Past*	*Present*	*Details: e.g. severity, last injection, treatment*	*Condition*	*In the Past*	*Present*	*Details: e.g. severity, last injection, treatment*
Asthma	☐	☐		Hyperactivity	☐	☐	
Appendicitis	☐	☐		Hypo activity	☐	☐	
Bronchitis	☐	☐		Heart Problems	☐	☐	
Chicken Pox	☐	☐		Measles	☐	☐	
Diabetes	☐	☐		Mumps	☐	☐	
Ear Infections	☐	☐		Pneumonia	☐	☐	
Epilepsy	☐	☐		Tonsillitis	☐	☐	
Fits/Convulsion	☐	☐		Allergy – foods	☐	☐	
Faint/Dizziness	☐	☐		Allergy – animal	☐	☐	
Glandular Fever	☐	☐		Allergy – other	☐	☐	

Particular Activities

In attending the program, you consent to your child's participation in a range of general sporting and recreational activities. If potentially risky activities of a specific nature are included, the Team Leader will inform you of these.

Are there any specific activities that you do not wish your child to participate in? ☐Yes ☐No

If yes, please specify:

Your Agreement with the Organisation

I am aware, in signing this document regarding my child's participation this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers may exist in the activities in which my child will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

1. I authorise the leaders to obtain medical advice and/or assistance which they deem necessary.
2. I further authorise qualified practitioners to administer anaesthetic if required.
3. I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
4. I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
5. I confirm that the information contained in this application is true and correct.
6. I agree to inform the leader of any change to these details.

Name of Caregiver _____ Signature of Caregiver _____ Date _____

If other than a parent or guardian, please indicate relationship to child: _____