Teen Camp

Emergency Contacts & Medical Information Form

The following information will be used by HeartKids Australia and its clinical volunteers to assist in planning, to minimise risks and to support campers in day to day activities and in the case of an emergency. **This form must be completed by a parent/legal guardian.**
Other persons or organisations that may be provided with this information include the camp site and persons or organisations that may be called upon to provide health care treatment or other assistance as necessary.
This information will be stored securely and in compliance with the National Privacy Principles and *Privacy Amendment (Private Sector) Act 2000.* Please read our Privacy Statement for further information.

Camper Information

Camper First Name:	Camper Surname:	DOB:
Medicare Number:	Reference Number Next to Name:	Expiry Date:
Do you have private health insurance? ☐ No ☐ Yes	Health Fund Name:	
Health Fund No:	Do you have ambulance cover included in your health insurance? ☐ No ☐ Yes	

Emergency Contact Information

First Name:	Surname:
Relationship to Camper:	Mobile Phone No:
Home Phone No:	Work Phone No:

Alternative Emergency Contact Information

First Name:	Surname:
Relationship to Camper:	Mobile Phone No:
Home Phone No:	Work Phone No:

Health Care Team Information

Health Care Professional/ Organisation	Name	Contact Phone Number
General Practitioner		
Cardiologist		
Local Pharmacy		
Hospital		
Other (please specify)		
Other (please specify)		

Please attach further contacts to the back of this sheet, if required.

Immunisation History

Has your child had a Tetanus immunisation? ☐ No ☐ Yes If yes, please state what year:

***Please note – if your child received a Tetanus immunisation over 10 years ago, a booster must be arranged prior to camp.**

Equipment, Supplies & Devices

Does your child use/require any of the following?

- ☐ Glasses/contacts
- ☐ A hearing aid/cochlear implant
- ☐ Dental retainer/plate
- ☐ Wheelchair
- ☐ Adaptive equipment
- ☐ Pacemaker/ICD
- ☐ Oxygen
- ☐ EpiPen
- ☐ Other (please specify)

Parents/guardians must provide any special equipment, supplies or monitoring equipment that the camper needs.

Please provide additional details if necessary.

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Health History

Please indicate with a cross if your child has or has ever been treated for the following:

- ☐ asthma
- ☐ headaches/migraines
- ☐ blackouts
- ☐ autism/asperger's syndrome
- ☐ developmental/cognitive disability
- ☐ mental health issues
- ☐ diabetes (please specify type I or type II)
- ☐ dizzy spells
- ☐ travel sickness
- ☐ ADHD
- ☐ intellectual disability
- ☐ physical limitation/disability
- ☐ sleep disorders
- ☐ epilepsy/seizures
- ☐ fears/phobias
- ☐ ODD/conduct disorder
- ☐ emotional/behavioural difficulties
- ☐ serious injury

If you have ticked or crossed any of the above, please provide further details for each, including emergency management/action plans. Please attach further information to the back of this sheet, if required.

Allergies & Intolerances

Please list any allergies or intolerances to specific foods, food additives, medications, insects, latex etc.

Allergy	Reaction	Treatment

Please attach further information to the back of this sheet, if required.

Medication

Please list all of the medications that your child takes.

Name	Dose	Route	Frequency	Times

Please attach more information to the back of this sheet, if needed.

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Over the Counter Medications

Camp clinicians will provide over-the-counter medications for routine health issues, such as headaches, diarrhoea and nausea. Please cross the box next to the medications that you provide consent for our clinical volunteers to administer:

☐ paracetamol (eg. Panadol)	☐ anti-diarrhoeals (eg.Immodium)	☐ antihistamines
☐ ibuprofen (eg. Nurofen or Advil)	☐ naproxen sodium(eg. Naprogesic)	☐ sunscreen
☐ travel-sickness tablets (such as Travacalm)	☐ antiseptic cream (eg.Bepanthen or Savlon)	☐ calamine lotion
☐ insect bite/itch relief cream (eg.Soov or Rapaid)	☐ aloe vera gel	☐ insect repellent

Please note that generic brands may be substituted for name brands

Other Information

Is there any other information that our staff should know, to ensure that your child has a safe and enjoyable camp experience? ☐ No ☐ Yes

If yes, please provide details.

Consent & Authorisation to Treat

I declare that I am the parent/legal guardian or have substituted decision making responsibility for .....and provide consent and authorise HeartKids Australia and its clinical volunteers to:

- ☐ provide necessary first aid to my child in the event of injury/illness
- ☐ share relevant information with other camp volunteers when required
- ☐ administer over the counter medications as required to my child
- ☐ administer my child's prescription medication, as per the pharmacy medication label
- ☐ transport my child to hospital with an ambulance or other vehicle
- ☐ provide authorisation for my child to receive such medical or surgical treatment as may be deemed necessary, where it is impractical to communicate with me

I further authorise:

- ☐ the health professionals/organisations identified in the healthcare team section to provide hospital authorities or other qualified health professionals with additional information concerning my child, as required
- ☐ qualified medical practitioners to perform surgery, administer anaesthetic and/or administer blood transfusions, if such an eventuality should arise and I cannot be contacted

I acknowledge that:

- ☐ I am responsible for all costs incurred on behalf of my child in relation to any medical or dental treatment, pharmaceuticals and emergency transport, including ambulance costs, if these are not covered by my family health insurance/ambulance subscription or Medicare
- ☐ the above details are an accurate description of my child's health and medical status
- ☐ if my child's medical status of medication changes prior to camp, I will notify the HeartKids Australia office as soon as practicable

Name: _____

Signature: _____

Relationship to Camper: _____

Date: _____