



CONFIDENTIAL MEDICAL INFORMATION FORM

FOR PROGRAMS/OVERNIGHT ACTIVITIES

The program coordinator will use this information if your child is involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the program/overnight activity is run.

The AFL National Risk Protection Program (AFL NRPP) provides various covers to Australian Football associations, clubs and participants. It is your responsibility to confirm with the AFL entity, Club or association responsible for this activity as to whether participants of this activity are covered under the AFL NRPP and the types and level of cover provided. Parents will be responsible for all medical costs incurred to treat a participant who is injured on a program/overnight activity which are not covered by the AFL NRPP. Accordingly, it is strongly recommended that parents and participants consider their own personal needs in respect of procuring personal insurance cover and/or ambulance subscription.

PROGRAM NAME/ OVERNIGHT ACTIVITY		DATE(S)	
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1 PARTICIPANT PERSONAL DETAILS	
FULL NAME	
ADDRESS	
	POSTCODE
DATE OF BIRTH	
PARENT/CARERS FULL NAME	
EMERGENCY CONTACT NUMBERS	
NAME OF PERSON TO CONTACT IN AN EMERGENCY (IF DIFFERENT FROM THE PARENT/CARERS)	
EMERGENCY CONTACT NUMBERS	

2 MEDICAL DETAILS	
NAME OF FAMILY DOCTOR	
ADDRESS OF FAMILY DOCTOR	PHONE NUMBER OF FAMILY DOCTOR



MEDICARE NUMBER	MEDICARE INDIVIDUAL REFERENCE NUMBER (IRN)
MEDICAL/HOSPITAL INSURANCE FUND	MEMBER NUMBER
AMBULANCE SUBSCRIBER? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, AMBULANCE NUMBER
IS AMBULANCE COVER INCLUDED IN YOUR PRIVATE HEALTH COVER? <input type="checkbox"/> YES <input type="checkbox"/> NO	

IS THIS THE FIRST TIME YOUR CHILD HAS BEEN AWAY FROM HOME? YES NO

PLEASE TICK IF YOUR CHILD IS LIVING WITH ANY OF THE FOLLOWING HEALTH CONDITIONS:

Asthma (if ticked complete Asthma Management Plan)

Anaphylaxis (if ticked review and update the Individual Management Plan for the program)

Bed wetting Blackouts Diabetes Dizzy spells Migraine

Sleepwalking Travel sickness Seizure of any type Other _____

SWIMMING ABILITY
Please tick the distance your child can swim comfortably.

Beginner swimmer - little or no experience including in shallow water.

Intermediate swimmer - basic skills, able to swim 25 metres with a recognisable stroke.

Advanced swimmer - able to swim 50 to 100 metres using two recognisable strokes and to demonstrate one survival stroke in deep water.

ALLERGIES
Please tick if your child is allergic to any of the following:

Penicillin Other drugs: _____

Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

YEAR OF LAST TETANUS IMMUNISATION
(Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT))

5 15 Other _____

MEDICATION
Is your child taking any medicine(s)? YES NO

If yes, provide the name of medication, dose and describe when and how it is to be taken.

All medication must be given to the supervisor-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the supervisor-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the supervisor-in-charge and yourself.



3 MEDICAL CONSENT

If there is a situation or incident which requires first aid to be administered to your child, program staff will administer first aid that is reasonably necessary and appropriate to their level of training. Program staff will also seek emergency medical attention for your child if it is considered reasonably necessary. In the event that your child needs medical attention, program staff will contact you as soon as practically possible.

Parent/Carer (named above) _____ / _____ / _____
 SIGNATURE DATE

All medical information and records should be retained in line with the requirements of the *Health Records Act 2001*.