

## Appendix 8

### MEDICAL & HEALTH INFORMATION – SPECIAL EVENT

Eastern College Australia

Child's Name: .....  
(Surname) (Christian name) Date of Birth

Is your child taking any regular or currently prescribed medication? YES / NO

If so, please name the medication and provide details of dosage and administration. ....  
.....

Your child's leader will administer medication to your child as directed by written instructions from you. Please clearly mark your child's name on all medication along with the dosage and administration procedures.

Is there anything about your child's health which means that s/he should engage in only limited physical activity? YES / NO

If so, please give details .....

Does your child require a special diet because of health problems? YES / NO

If so, please give details .....

Is there any other information which may help us care for your child? YES / NO

If so, please give details

Emergency contact 1. Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Emergency contact 2. Name: \_\_\_\_\_ Mobile: \_\_\_\_\_

Preferred Medical Centre/ Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have private medical insurance? Provider: \_\_\_\_\_

#### AUTHORISATION

'In the event of an accident or sudden illness, I authorise the person in charge to call an ambulance or to seek medical attention at my expense, should I not be contactable.'

Signed: \_\_\_\_\_ Date: \_\_\_/\_\_\_/20\_\_\_

Parent/guardian/caregiver [Print name if not one of the above] \_\_\_\_\_

Witness Name: \_\_\_\_\_ Signature: \_\_\_\_\_