



Personal Data of Student		
Surname:	First name:	Other initials:
Address:		
Date of birth:	Gender:	Blood group:
Home phone:	Adult contact whilst on this activity:	
	Mobile of contact whilst on this activity:	
Medical Issue	Please circle	If Yes – Give details
Heart	Yes / No	
Asthma / Respiratory Problems	Yes / No	
Anaphylaxis	Yes / No	
Epilepsy	Yes / No	
Diabetes	Yes / No	
Blood Pressure	Yes / No	
Allergies	Yes / No	Provide details on reverse
Phobias	Yes / No	
Travel Sickness	Yes / No	
Operations	Yes / No	
Recent Illness	Yes / No	
Medication to be taken on camp	Yes / No	Provide details on reverse
Drug Reactions / Allergies (e.g. Penicillin)	Yes / No	
Dietary Requirements	Yes / No	Provide details on reverse
Other information	Yes / No	
Medicare Number:		
Private Health Insurance details:		
Family Doctor:	Telephone:	
Date of last Tetanus shot:		

Do you consider the participant to be a competent swimmer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you consider that the participant will be able to cope with periods of loneliness?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Is there any medical / treatment currently required or medications being taken: (If Yes, check whether the treatment is required before the expedition).		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the treatment going to interfere with ability to undertake the expedition / activity: Please outline the nature of the treatment below.		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Allergies and treatment required, outline below:			
Is there a medical condition that could affect the participant's ability to take part in any expeditions? Please outline details below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a psychological condition that could affect the participant's ability to take part in any expeditions? Please outline details below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has the participant had any operations within the last 12 months? Please outline details below:		Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outline dietary requirements from point 14 on first page:			
Doesn't eat:		Does eat:	
Food Allergic to:			
Medication			
Please note that we are not permitted to administer any medication be it prescribed or over-the-counter unless the following information is provided to the teacher in charge of first aid: the name of the student, dosage, time to be taken, medical practitioner's name and storage requirements (eg. refrigeration). This information may appear either on the medication packaging provided by the pharmacy, or on a note from the child's medical practitioner. Students are however permitted to self-administer any medication listed in point 12.			
Please list any medications the participant will have with them			
My child will be bringing medication along:			
I request that a teacher in charge of first aid administers the appropriately labelled medication as directed by a doctor (see above)			<input type="checkbox"/>
My child will self-administer the medication outlined under 'Medical Issue' on front page			<input type="checkbox"/>

Consent

I, the undersigned, acknowledge that Redlands College, its officers and servants will take all possible measures to avoid or attend to any injury or illness during the candidates' participation in any activities in connection with the Camp / Expedition.

I, further authorise the said teacher of Redlands College, in the event of an accident or illness, to obtain such necessary medical assistance as requires and agree to meet the expense attached thereto.

Parent / Guardian signature: _____ Date: _____