



Confidential Medical Information for Mid Hills Representative Team Players

MHNA will use this information if your child is involved in a medical emergency. All information is held in confidence.

Program name: Mid Hills Representative Team Player

Players full name:

Players address:

Postcode:

Date of birth:

Parent/guardian's full name:

Name of person to contact in an emergency (if different from the parent/guardian):

Emergency telephone numbers: *After hours*

Business hours

Name of family doctor: _____

Address of family doctor:

Medicare number:

Medical/hospital insurance fund:

Member number:

Please note: MHNA recommends that all players have ambulance cover whilst on camp and during the carnival season as it can be quite expensive (upwards of \$10,000.00) for an emergency evacuation if required. Please check with your Health care provider if you have private health for the amount of coverage.

Ambulance subscriber? Yes No If yes, ambulance number:

Is this the first time your child has been away from home? Yes No

Please tick if your child suffers any of the following:

- | | | |
|---|--|---|
| <input type="checkbox"/> Asthma (if ticked complete Asthma Management Plan) | <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Fits of any type |

Other: _____

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))

Dietary Requirements

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 your Team Manager on arrival at camp. 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 Coaches/Team Managers and distributed as required. Inform the Team Manager and/or Coach 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 Team Manager/Coach and yourself.

Medical consent

Where the Coaches/Team Managers of the Camp are unable to contact me, or it is otherwise impracticable to contact me, I authorise the them to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as they judge to be reasonably necessary.

Signature of parent/guardian (named above) _____

Date:

PLEASE SUPPLY ASTHMA MANAGEMENT PLAN / ANAPHYLAXIS / ALLERGY OR OTHER APPLICABLE MEDICAL PLAN FROM YOUR DOCTOR IF REQUIRED.