МЕДИЧНА АНКЕТА
ЮМПЗ 2011-2012
В КАНБЕРРІ, СТОЛИЧНА ТЕРИТОРІЯ, АВСТРАЛІЇ
UMPZ CANBERRA 2011-2012 MEDICAL INFORMATION (Form 2)
PLAST (NSW) Pty Ltd – ACN 152 249 271 (PLAST)

All information provided is held in confidence and used only for the purpose of providing appropriate care in the case of a medical or dental emergency.

If any information provided changes, please inform *PLAST* as soon as possible as a lack of, or outdated information, may compromise treatment and put health at risk.

1. PERSONAL DETAILS

CAMP PARTICIPANT'S FULL NAME	DATE OF BIRTH:	AGE:	GENDER:

PARENT OR GUARDIAN'S (OR NEXT OF KIN'S) FULL NAME:

ADDRESS	HOME TELEPHONE:
....	(.............)..
.	WORK TELEPHONE:
....	(.............)..
STATE: POSTCODE:	MOBILE TELEPHONE: ....

2. EMERGENCY CONTACT DETAILS

EMERGENCY CONTACT'S NAME:	RELATIONSHIP TO CAMP PARTICIPANT:

ADDRESS	HOME TELEPHONE:
....	(.............)..
.	WORK TELEPHONE:
....	(.............)..
STATE: POSTCODE:	MOBILE TELEPHONE: ....

3. FAMILY DOCTOR DETAILS

DOCTOR'S NAME:	TELEPHONE: ( )

ADDRESS:

....

....**STATE:**..............................**POSTCODE:**......................

Completed forms and payment are to be forwarded to:

Plast (NSW) Pty Ltd, ACN 152 249 271
c/- Myron Iwanczuk
225 Queen Street, Concord West, NSW 2138
☎ (02) 8765 0131 or plastnsw@gmail.com

4. MEDICAL INFORMATION

MEDICARE NO. ☐☐☐☐ - ☐☐☐☐☐☐ REF. NO. ☐ VALID TO: ☐☐ / ☐☐☐☐

AMBULANCE MEMBER ☐ YES ☐ NO **AMBULANCE MEMBERSHIP NUMBER:** …………………………………………………………	**PRIVATE HEALTH FUND** ☐ YES ☐ NO **HEALTH FUND MEMBERSHIP NUMBER:** ………………………………………………………… **BENEFITS TABLE:** …………………………………………………………

5. MEDICAL HISTORY

Please indicate if the camp participant suffers from a
5.1 MEDICAL OR PHYSICAL CONDITION ☐ YES ☐ NO **If *yes*, please give details below**

☐ 1. ADD or ADHD	☐ 2. Anemia	☐ 3. Appendicitis	☐ 4. Angina or heart disease
☐ 5. Arthritis or rheumatism	☐ 6. Asthma or breathing disorder	☐ 7. Back problem	☐ 8. Bed wetting
☐ 9. Bleeding disorder	☐ 10. Blood pressure	☐ 11. Bone dislocations	☐ 12. Bronchitis
☐ 13. Diabetes	☐ 14. Ear disorders	☐ 15. Epilepsy, fits or blackouts	☐ 16. Fainting spells/dizziness
☐ 17. Frequent or chronic cough	☐ 18. Head injury/concussion	☐ 19. Hayfever	☐ 20. Loss of consciousness
☐ 21. Migraine	☐ 22. Skin disease	☐ 23. Sleepwalking	☐ 24. Stroke
☐ 25. Travel sickness	☐ 26. Ulcers or stomach trouble	☐ 27. Urinary problems	☐ 28. Visual impairment

☐ 29. Other – please specify……………………………………………………………………………

Please provide any extra information that may assist in managing your/your child's welfare (where relevant, include when was the last 'episode' and what treatment was given)……………………………………………………………

……

……

Please indicate if the camp participant suffers from
5.2 ALLERGIES ☐ YES ☐ NO **If *yes*, please give details below**

☐ 1. Antibiotics ☐ 2. Other drugs ☐ 3. Tetanus antitoxin or serum ☐ 3. Foods ☐ 4. Nuts

☐ 5. Bandages/dressings ☐ 7. Bee, ant or wasp sting ☐ 8. Other – please specify……………………………………

Please provide any extra information that may assist in managing your/your child's allergy/allergies (including type of reaction and treatment/medication given)……………………………………………………………

……

Please indicate if the camp participant wears a
5.3 MEDICAL AID ☐ YES ☐ NO **If *yes*, please give details below**

☐ 1. Asthma inhaler/pump ☐ 2. Back brace ☐ 3. Dental braces/orthdontics ☐ 4. Pacemaker (heart)

☐ 5. Insulin pump ☐ 6. Other – please specify……………………………………………………

……

Please indicate if the camp participant wears a
5.4 MEDICAL ALERT ☐ YES ☐ NO **If *yes*, please give details below**

☐ 1. Bracelet ☐ 2. Necklace

Completed forms and payment are to be forwarded to:
Plast (NSW) Pty Ltd, ACN 152 249 271
c/- Myron Iwanczuk
225 Queen Street, Concord West, NSW 2138
☎ (02) 8765 0131 or plastnsw@gmail.com

5.5 TETANUS IMMUNISATION

Last tetanus immunization was: ………………………………………………

If over 10 years since last immunization, please indicate if a booster will be arranged for the camp participant before the UMPZ. ☐ YES ☐ NO

Please indicate if the camp participant is regularly taking

5.6 MEDICATIONS AND TABLETS ☐ YES ☐ NO **If *yes*, please give details below**

Drug	Dose	Method of administration
………………………………………………	………………………………………………	………………………………………………
………………………………………………	………………………………………………	………………………………………………

Are the medicines and/or tablets to be administered by First Aid personnel during UMPZ? ☐ YES ☐ NO

If yes, please provide details and/or instructions……………………………………………………………………

……

For all UPN and UPY participants requiring medication and/or tablets during the UMPZ, they are <u>to be handed to the first aid leader on arrival</u> with your child's name, the dose to be taken and when it should be taken.

Please indicate if the camp participant requires any

5.7 SPECIAL CARE ☐ YES ☐ NO **If *yes*, please give details below**

……

……

6. CAMP EXPERIENCE (must be completed if camp participant is <18 years old)

CAMPING:

Is this your child's first time camping away from home? ☐ YES ☐ NO

SWIMMING:

Can your child swim 50 meters? ☐ YES ☐ NO

WELLBEING:

Does your child have any conditions that might limit his/her wellbeing or readiness to participate in activities? ☐ YES ☐ NO

If yes, please specify: ………………………………………………………………………………………

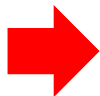
……

7. AUTHORISATION FOR MEDICAL TREATMENT

I/we authorize any officer, member, servant or agent of Plast NSW Pty Ltd, in the event of any accident or illness to obtain such urgent medical assistance or treatment for my child, including the administration of any anaesthetic or blood transfusion as he or she may consider expedient and for this purpose to engage any first aiders, ambulance officers, doctors, dentists, nursing assistance or hospital accommodation and in this event I agree to pay to Plast NSW Pty Ltd on demand all such doctors, nurses, ambulance and hospital fees and that no claim will be made by me / us for any compensation or damages.

Should any information provided on this form change, I will undertake to advise the camp administration immediately, and in writing, of such changes.

- If you have any questions please contact Jurij Suchowerskyj on 0425 350 197



Name of Parent/Guardian Name OR Self (if 18 years or older):	
Signature:	
Date:	/ / 20

<u>Completed forms and payment are to be forwarded to</u>:

Plast (NSW) Pty Ltd, ACN 152 249 271
c/- Myron Iwanczuk
225 Queen Street, Concord West, NSW 2138
☎ (02) 8765 0131 or plastnsw@gmail.com