

## Tabir 2010-2011 Medical Information Form

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

If any of the information provided changes please inform Plast as soon as possible as a lack of information or outdated information may compromise treatment and put health at risk.

### Personal Details

Child's full name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Parent/Guardian's full name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

Medicare No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_ Ref No: \_\_\_\_\_

Medical/Hospital Insurance Fund: \_\_\_\_\_ Membership No: \_\_\_\_\_

### Emergency Contact Details

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Tel: \_\_\_\_\_ Mob: \_\_\_\_\_

### Family Doctor Details

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Tel: \_\_\_\_\_

### Medical History

Please indicate if the individual suffers any of the following:

- |   |   |  |                                   |
|---|---|--|-----------------------------------|
| <input type="checkbox"/> Asthma                       | <input type="checkbox"/> Bed wetting      | <input type="checkbox"/> Blackouts       | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy spells                 | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Sleepwalking                 | <input type="checkbox"/> Travel sickness  |  |                                   |
| <input type="checkbox"/> Other, please specify: _____ |   |  |                                   |

***if your child suffers from asthma or anaphylaxis we require your doctor to fill out a management plan which can be found in this Camp information pack on our website [www.plast.org.au](http://www.plast.org.au)***

Allergies to:

- ☐ Penicillin ☐ Other drugs ☐ Any food ☐ Other allergies

Please specify: \_\_\_\_\_  
\_\_\_\_\_

Any special care required, please specify: \_\_\_\_\_  
\_\_\_\_\_

Tetanus Immunisation:

Last tetanus immunization was: \_\_\_\_\_

If over ten years since last immunization, please tick if booster is to be arranged by parents before the camp

Tablets and medications:

Is the individual currently taking tablets and/or medicine? ☐ Yes ☐ No

If yes, please state name of medication, dosage etc. \_\_\_\_\_  
\_\_\_\_\_

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**In the case of a plastun/plastunka participating in the UPN or UPY programs:**

All medicines must be handed to the first aid leader on arrival, with your child's name, the dose to be taken and when it should be taken.

**Previous Experience**

Is this the first time the plastun/plastunka has been away from home?

☐ Yes

☐ No

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**Authorisation for Medical Treatment**

In the event that the camp administration cannot contact me, or it is otherwise impracticable to contact me, I authorize the camp administration to:

- Consent to the provision of such medical or surgical attention as may be deemed necessary by a qualified medical practitioner
- Administer such first aid as may be judged to be reasonably necessary

I understand that the costs associated with such treatment will be my responsibility

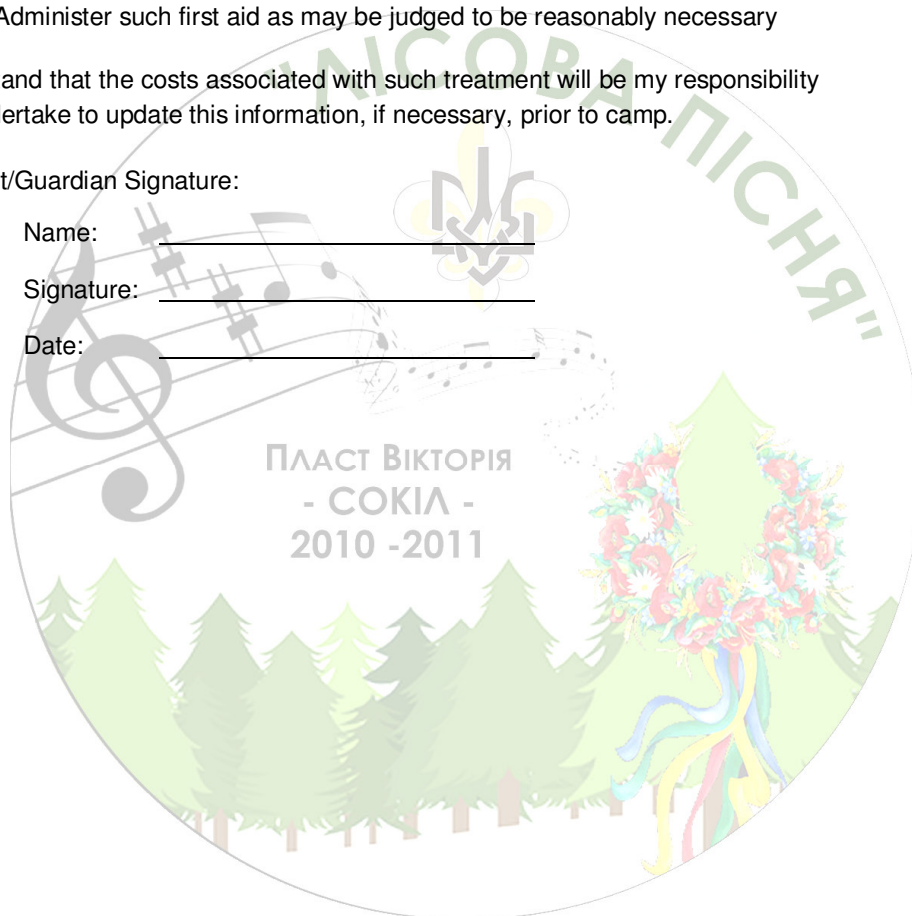
I will undertake to update this information, if necessary, prior to camp.

Parent/Guardian Signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Asthma Management Form

The following confidential information is required to assist in the proper management of asthma sufferers whilst at *Tabir* (26 December 2010 – 2 January 2011 (4 January 2011 if attending SP *Tabir*)). Please complete and attach to the Parent Consent Form (if applicable)

Child's Name: \_\_\_\_\_

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. Usual maintenance medical program followed:

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2. Peak flow readings: Best \_\_\_\_\_ Critical \_\_\_\_\_ (bring own peak flow metre)

3. Medication and treatment to be used during worsening asthma:

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4. Medication and treatment to be used during crisis situations:

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5. List any known asthma trigger factor(s):

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### Key Questions

6. Has the child been admitted to hospital due to asthma in the past 12 months? Yes No
7. Has the child been on oral cortisone for asthma within the past 12 months?  
(e.g. Prednisolone, Cortisone, Betamethasone etc)? Yes No
8. Has the child suffered sudden severe asthma attacks requiring hospitalisation? Yes No

### Important Notes

If any of the key questions 6,7 or 8 are answered 'yes' then the decision for the person to attend the above mentioned *Tabir* (26 December 2010 – 2 January 2011 (4 January 2011 if attending SP *Tabir*)) rests with his/her doctor. The process is as follows:

- A letter from the child's doctor, stating the doctor's decision must accompany this form when it is returned.

I declare that the information provided on this form is complete and correct

Parent/Guardian Signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Anaphylaxis Management Form

The following confidential information is required to assist in the proper management of anaphylaxis sufferers whilst at *Tabir* (26 December 2010 – 2 January 2011 (4 January 2011 if attending SP *Tabir* ). Please complete and attach to the Parent Consent Form (if applicable)

Child's Name: \_\_\_\_\_

Please seek the advice of the asthmatic's doctor if necessary when completing this form.

1. What treatment/medication/epipen should be used in the event of an allergic reaction? Please provide details: \_\_\_\_\_

2. List any known allergies: \_\_\_\_\_

**If your child is prone to severe allergic reaction, a letter from the child's doctor stating the doctor's decision about attendance at the camp must accompany this form when it is returned.**

I declare that the information provided on this form is complete and correct.

Parent/Guardian Signature:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_