

Medical Forms

Orienteering Australia will use this information if you/your child is involved in a medical emergency. All information is held in confidence. This medical form must be current when the program is run.

Parents are responsible for all medical costs if a student is injured during an Orienteering Australia camp or activity unless Orienteering Australia is found liable (liability is not automatic). Individuals/parents can purchase accident insurance cover from a commercial insurer if they wish to.

Participant's full name: _____

Participant's address:

Date of birth: ____/____/____

Postcode: _____

Parent/guardian's full name (if applicable): _____

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: OA recommends that all participants have ambulance cover whilst on the camp 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 you/your child suffer any of the following:

- Asthma (if ticked complete Asthma Management Plan)
- Bed wetting
- Blackouts
- Diabetes
- Dizzy spells
- Heart condition
- Migraine
- Sleepwalking
- Travel sickness
- Fits of any type
- Other:

Allergies

Please tick if you/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 of minors must be given to the OA staff member in charge. 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 the staff and distributed as required. Inform OA staff 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 OA staff member in charge and yourself.

Medical consent

For participants 18 years and older:

In the case of a medical emergency, I authorise Orienteering Australia to:

- Receive any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such first-aid as the organiser judges to be reasonably necessary.

Signature of participant (named above)

Date

For participants under the age of 18:

Where Orienteering Australia are unable to contact me, or it is otherwise impracticable to contact me, I authorise the staff member in charge to:

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

Signature of parent/guardian (named above)

Date

Asthma Management Form

The following confidential information is required to assist in the proper management of a child's asthma, if such help is needed. Please complete the form and attach it to the Medical Consent form. For more information on Asthma see section 4.5.10.3 of the Victorian Government Schools' Reference Guide. Further information is available from the Asthma Foundation www.asthma.org.au.

Student's name: _____

Usual signs of asthma:

- Wheezing • Chest tightness • Coughing • Difficulty breathing
- Difficulty speaking • Other:

When completing this form please seek the advice of the asthmatic's doctor if necessary.

Usual maintenance regime or medical program followed:

Name of Medication _____

Method (eg. Puffer & spacer, turbohaler) _____

When and how much? _____

Does the child require assistance to take their medication? • Yes • No

Peak flow readings:

BestCritical(bring own peak flow meter)

Signs of worsening asthma:

- Wheezing • Chest tightness • Coughing • Difficulty breathing
- Difficulty speaking • Other:

Medication and treatment to be used during worsening asthma:

Medication and treatment to be used during crisis situations:

Please attach Asthma First Aid Plan

List any known asthma trigger factor(s):

Has the person been admitted to hospital due to asthma in the past 12 months? • Yes • No

Asthma Management Form (cont.)

Has the person been on oral cortisone for asthma within the past 12 months? (e.g. Prednisolone, Cortisone, Betamethasone etc) • Yes • No

Has the person ever suffered sudden severe asthma attacks requiring hospitalisation? • Yes • No

Important Notes

If you have answered "yes" to questions 6, 7, or 8 then the decision for the person to participate rests with the child's doctor. The person's doctor or parents/guardians may wish to contact Orienteering Victoria for further information on the program and support available; a letter from the student's doctor, stating the doctor's decision must accompany this form.

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

Parent/guardian: _____

Phone contact(s): _____ OR _____

Signature:

Date: