**JOINING FAMILIES SUPPORT SERVICES CHILD MEDICAL AND CONSENT FORM**

| **Name of child**: |
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| **Address**:  |
| Age: Date of Birth: / / Sex: Height: Weight: |
| **Emergency Contact Information**Name: Name:Relation to child: Relation to child:Phone: (home)(work)(mobile) Phone: |
| Medicare number:Number on card:Private medical cover: Y / NPlease specify if yes: ……………………………………………………………………………………………… |
| Doctor’s name:Phone: |
| Does your child suffer from any chronic pain, injury, or illness? Y / NPlease provide details: …………………………………………………………………………………………….Does your child have asthma? Y / N*If yes, please attach asthma management plan* |
| Does your child have any allergies? Y / NPlease specify if yes: …………………………………………………………………………………………….. |
| Does your child have any heart problems? Y / NPlease specify if yes: ……………………………………………………………………………………………..Does your child have any problems with their blood pressure? Y / NPlease specify if yes: ……………………………………………………………………………………………. |
| Does your child have any emotional and/or behavioural disorders? Y / NPlease specify if yes: ……………………………………………………………………………………………..*If yes, please attach the behaviour management plan.*Does your child have a physical and/or intellectual disability? Y / NIf yes, please specify and attach the behaviour management plan.…………………………………………. |
| Does your child require medication? Y / NPlease provide details if yes: ……………………………………………………………………………………May we administer paracetamol if required? Y / N |
| Has your child been sick or required medical attention in the last four weeks? Y / NPlease specify if yes: ……………………………………………………………………………………………… |
| Date of last tetanus injection: ……………………………*If your child’s tetanus is not currently up to date, please see your doctor* |
| Does your child: Wet the bed? Y / N Sleepwalk? Y / N Suffer travel sickness? Y / N |
| How would you rate your child’s swimming ability?**▢ Poor**……………………………Unable to float or support themself in the water**▢ Basic**…………………………..Basic strokes, very limited**▢ Good**…………………………..Strong swimmer**▢ Excellent**………………………Very strong, can swim 50 metres confidently |
| Please list any special dietary requirements: …………………………………………………………………...……………………………………………………………………………………………………………………….. |
| Activity Restrictions:Please specify if there are any activities you do not wish your child to participate in:……………………………………………………………………………………………………………………….. |

PARENT OR GUARDIAN CONSENT

I, ………………………., understand that Joining Families Support Services (JFSS) will take responsible care for the welfare and safety of my child but are not responsible for any accidents or sickness that may occur during the camp. I acknowledge that going to camp may involve the participation of my child in activities of a hazardous nature, though camp instructors and the staff at JFSS will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities, illnesses, or susceptibilities affecting my child’s participation and placing them in greater than normal risk. I authorise JFSS staff to obtain

medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions,

or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child in respect of any accidents or sickness at the camp. Should my child need to return home for any reason, I will cover any associated costs.

I consent to my child attending camp on this understanding.

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Parent/Guardian Name Date Signature