

# MEDICAL AND CONSENT FORM - Child

## Participant Details

Surname		Given Name	
Address			
Date of Birth			
	Age	Male	Female

## Programme Details

Programme Name and Venue  
**National PKU Youth Camp 2010, Oct 4 – Oct 8, Sydney Academy of Sport & Recreation, Narrabeen.**

## Parent/Guardian Details

	Mother	Father	Guardian/Grandparent
Full name of parent or guardian			
Home phone			
Work phone			
Mobile			
Fax			
E-mail			

## Special Needs

Please identify any special needs or requirements eg. wheelchair access etc.

Has he/she had the Combined Diptheria Tetanus Toxioid booster injection?

Yes	No	Year
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Has he/she been immunised against measles?

Yes	No	Year
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## Swimming ability – please circle

Strong – 50 metres unaided	Average – 25 metres unaided	Poor – 10 metres unaided	Non swimmer
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### Medical information:

Does the participant suffer from any of the following?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Any Allergic condition      | <input type="checkbox"/> Skin condition                  | <input type="checkbox"/> Diabetes                     |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma (provide asthma plan) |
| <input type="checkbox"/> ADD / ADHD                  | <input type="checkbox"/> Sleep walking                   | <input type="checkbox"/> A current illness eg flu     |
| <input type="checkbox"/> Bed wetting                 | <input type="checkbox"/> Behavioural problems            | <input type="checkbox"/> Other _____                  |

If yes to one or more, please give details and a suggested management guide (attach sheet if required)


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Medicare Number	Health care card number	Pensioner health benefits card

Pharmaceutical benefit concession card	Private Health Insurance fund	Number

**Current medication – name**

Breakfast – time/dose	Lunch Time / dose	Dinner Time / dose	Before bed Time / dose	Other Time / dose

**Note:**

Scheduled medication must be provided in the original container (as required by legislation).  
 All medication will be collected by the Camp Supervisors, unless notified in writing to the contrary.  
 The Camp Supervisors will register the taking of all medication and will supervise children while they self-administer medication.

**Privacy Statement**

The PKU Association is collecting this information to enable processing of your enrolment. The information collected will be provided to group instructors and supervisors, where necessary, employed by the Communities NSW Sport and Recreation and you consent to this disclosure. You are not obliged to provide the information but if it is not provided the department will be unable to process your booking. Any information provided by you to the PKU Association and Communities NSW can be accessed by you during standard office hours and updated by writing to the department or contacting us on 131302. All information will be stored on a database that will only be accessed by authorised departmental personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected.

**Indemnity, risk waiver and media Consent**

a) I agree to my child/ward to attend the Centre to undertake all activities and/or to participate in the above program and that my child/ward will abide by the rules and conditions of the Centre, and/or Department, including those in any literature or verbal or written instructions. In the case of an emergency, I authorise the PKU Association and the Centre program staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary and for staff/supervisors to supervise my child while taking medication as requested by me on this form. I also undertake to pay or reimburse costs, which may be incurred for medical attention, ambulance transport and medication while my child/ward is participating in any activity or is in attendance at the Centre. I understand that although the department and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken as part of this program and I agree that my child/ward undertakes the activities at his/her own risk.

Except for situations in which a claim arises as a result of a negligent act or omission by Communities NSW and The PKU (Phenylketonuria) Association of NSW Inc. or their employees, servants, volunteers or agents (hereafter each the "Released Persons"), I agree to indemnify and keep indemnified the Released Persons from and against all claims whatsoever and whenever brought, prosecuted or made against any of the Released Persons for which the Released Persons will or may be or become liable arising from or as a result of my child's/ward's attendance at the Centre and/or participation in any activity. I also agree to waive, release and discharge all and any claim, right or cause of action against the Released Persons, however arising, whether currently known or arising in the future, which I may otherwise have for the loss of my child's/ward's life, or injury, damage or loss of any description whatsoever and howsoever caused which my child/ward may suffer or sustain in the course of or as a result of my child's/ward's participation in any activity and/or attendance at the Centre.

b) Please tick whichever applies to you

I consent to /

I do not consent to allow The PKU (Phenylketonuria) Association of NSW Inc (and Communities NSW's services – delete if not applicable) to use my child/ward's first name and any photographs taken of my child/ward at this programme, for promotional purposes.

Full name of parent or guardian (print):

Signature:

Date:

**Return this form** – Please return to the PKU Association of NSW Inc. c/- 28 Griffiths St, Ermington NSW 2115

For more information call 13 13 02 or visit [www.dsr.nsw.gov.au](http://www.dsr.nsw.gov.au)

Or contact the PKU Association of NSW Inc. on phone 02 9613 8609 or Email: [chameleondec@optusnet.com.au](mailto:chameleondec@optusnet.com.au)