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Incorporating InterConnection Victoria

Confidential Medical Form
(To Be Completed by a Parent or Guardian)

Part A: General Information (Compulsory):

Students Name: _____

Home Address: _____

Suburb: _____ **Postcode:** _____

Date of Birth: / / _____

Student's College: _____

Year Level _____

Student's Email Address: _____

Parent/Guardians Name: _____

Home Phone No: () _____ **Business Phone No:** () _____

Mobile Phone No: _____

Medical/Hospital Insurance Fund: _____

Medical/Hospital Membership No: _____

Medicare No: _____ **Ambulance Membership No:** _____

Family Doctors Name: _____ **Telephone No:** _____

Part B: Student Medical History (Compulsory):

Please Circle the Correct Answer

1) Has your child suffered from any form of asthma?
If "Yes" please complete the Asthma Management Form on Page 3
Yes No

2) Has you child suffered from any serious illness of injury in the last 12 months?
Yes No
If "Yes" Please Specify _____

3) Is your child currently on any medication which is to continue during the camp?
Yes No
*(If "Yes", Please ensure that all medication is **labelled with the child's name and correct dosage** as well as explaining to any assistance in required to administer the medication.)*

4) Has your child suffered any contact with an infectious disease recently?
Yes No
If "Yes" Please Specify _____



5) Does your child suffer from ankle, knee or joint problems?

Yes No

If "Yes" Please Specify _____

6) Does your child wear contact lenses or corrective vision glasses?

Yes No

7) Does your child suffer from any of the following conditions (please circle)?

Epilepsy or Diabetes	Yes	No
Blackouts/Sleep Walking	Yes	No
Migraine/Headaches/Dizzy Spells	Yes	No
Sight/Hearing Disorders	Yes	No
Heart Conditions/Bleeding Disorders	Yes	No
Travel Sickness/Bed wetting/Fits of any Kind	Yes	No
Allergies to Food, Stings or Drugs	Yes	No
Allergic to Penicillin	Yes	No
Allergic to Band-aids or Sticking Plaster	Yes	No

If you answered "Yes" to any of the conditions for Question 7, Please provide details:

8) Does your child suffer from any condition, disability or ailment which InterConnection Staff should be aware?

Yes No

If "Yes" Please Specify _____

9) Does your child have a particular sensitivity to certain issues or events?

Yes No

If "Yes" Please Specify _____

10) Does your son have any special dietary requirements?

Yes No

If "Yes" Please Specify _____

11) My Child's last tetanus booster injection was in _____ (Year)
*(****Should be in last 10 years****)*

11) My son can swim unassisted: (Please tick one Bracket)

Less than 50 meters	[]
Between 50 & 200 meters	[]
More than 200 meters	[]

Asthma Management Form

To be completed by a Parent/Guardian in conjunction with Family Doctor, where necessary.

Students Name: _____ **Doctor Consulted:** _____

1) Please provide all relevant information regarding the Usual Maintenance Medical Program used for your child:

2) Please provide information regarding medication used and appropriate dosage when asthma worsens:

3) List any known asthma trigger factors:

4) Has your child been admitted to hospital due to asthma in the last 12 months?

Yes **No**

5) Has your child been prescribed oral cortisone in the last 12 months, such as Prednisone, Prednisolone or Betamethasone?

Yes **No**

6) Has your child suffered sudden and/or severe asthma attacks requiring hospitalisation?

Yes **No**

It is a Health & Safety Policy of InterConnection Australia that if any of the answers to Questions 4,5 or 6 are "Yes", then the decision for your son to attend InterConnection should rest with your Family Doctor, and a note from them must accompany this form.



Application & Consent Form:

Students Application & Declaration (Compulsory):

I _____, apply for this InterConnection Australia Program and declare that I will abide by the rules of InterConnection as outlined by the Leaders prior to departure and during the Camp. I understand that the level of behaviour which is expected of me is one which will ensure that I as well as all Camp participants have fun and that my behaviour at no time will be dangerous either to myself or others. I promise to be as enthusiastic and friendly as possible and promise to participate to the fullest of my ability.

Students Signature: _____ **Date:** _____

Parent Consent & Declaration (Compulsory):

I _____, approve of this application and in doing so understand and agree that whilst all reasonable care will be taken by InterConnection Australia, its Directors, Officers and Servants, no responsibility in case of accident or illness will be accepted by such persons. Furthermore I understand that InterConnection Australia at no time will accept responsibility for the loss or damage of any equipment or personal items which my child takes on the Camp.

I authorise the Directors of InterConnection Australia, in the event of an accident or illness to obtain all necessary medical assistance that they deem appropriate and indemnify them for all expenses incurred. I further authorise the Directors of InterConnection Australia to give formal permission for the admission of the applicant to hospital, the administration of an anaesthetic by a qualified medical practitioner and any other medical assistance which is deemed necessary.

I have read and understood all the material relating to the Camp. I understand that the Camp is occurring between the given dates, and hereby give my child permission to attend. I further declare that all medical and personal details provided are correct, complete and accurate.

Signed: _____ **Date:** _____