



## Leader's Profile & Confidential Medical Report

*To be Completed by a Parent/Guardian if under 18 years old*

### Section A - Leaders Profile:

**Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ **Postcode**

**Date of Birth:** \_\_\_\_\_  
**Sex** Male/Female  
**Telephone No:** \_\_\_\_\_ **Home**  
 \_\_\_\_\_ **Work**  
 \_\_\_\_\_ **Mobile**  
 \_\_\_\_\_ **Email**

**Experience/Qualifications/ Interests (First Aid/Bronze Medallion etc...):** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Do you have a 22 Seater Bus Licence ?** Yes No  
**Can you drive a Manual Vehicle ?** Yes No  
**Do you have any special dietary needs ?** Yes No  
*If Yes, Please Specify and suggest some meal ideas.* \_\_\_\_\_

**Do you wish to be involved with Interconnection in the future ?** Yes No

**Person to be contacted in Case of Emergency:**  
**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **Postcode** \_\_\_\_\_  
**Emergency Phone:** \_\_\_\_\_ **Home** \_\_\_\_\_ **Mobile** \_\_\_\_\_



## Part B - Medical History:

*Please Circle the Correct Answer*

- |  |            |           |
|--|------------|-----------|
| 1) Do you suffer from any form of asthma ?<br><i>If "Yes" please complete the Asthma Management Form</i>                 | <b>Yes</b> | <b>No</b> |
| 2) Have you suffered from any serious illness or injury in the last 12 months ?<br><i>If "Yes" Please Specify: _____</i> | <b>Yes</b> | <b>No</b> |
| 3) Are you currently on any medication which is to continue during the camp ?  | <b>Yes</b> | <b>No</b> |
| 4) Have you suffered any contact with an infectious disease recently?  | <b>Yes</b> | <b>No</b> |
| 7) Do you suffer from any of the following conditions:   |            |           |
| Epilepsy or Diabetes   | <b>Yes</b> | <b>No</b> |
| Blackouts/Sleep Walking  | <b>Yes</b> | <b>No</b> |
| Migraine/Headaches/Dizzy Spells  | <b>Yes</b> | <b>No</b> |
| Sight/Hearing Disorders  | <b>Yes</b> | <b>No</b> |
| Heart Conditions/Bleeding Disorders  | <b>Yes</b> | <b>No</b> |
| Travel Sickness/Bed wetting/Fits of any Kind   | <b>Yes</b> | <b>No</b> |
| Allergies to Food, Stings or Drugs   | <b>Yes</b> | <b>No</b> |
| Allergic to Penicillin   | <b>Yes</b> | <b>No</b> |

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

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- 8) My last tetanus booster injection was in \_\_\_\_\_  
(\*\*\*\*Should be in last 10 years\*\*\*\*)



## Asthma Management Form

*To Be Completed by a Parent/Guardian in conjunction with Family Doctor, where necessary.*

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

**1) Please provide all relevant information regarding the Usual Maintenance Medical Program used:**

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

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**3) List any known asthma trigger factors:**

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**4) Have you been admitted to hospital due to asthma in the last 12 months ?** **Yes** **No**

**5) Has you been prescribed an oral cortisone in the last 12 months, such as Prednisone, Prednisolone or Betamethasone ?** **Yes** **No**

**6) Has you suffered sudden and/or severe asthma attacks requiring hospitalisation ?** **Yes** **No**

***It is a Health & Safety Policy of Interconnection that if any of the answers to Questions 4,5 or 5 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.***



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## Part C - Consent & Declaration:

*To be Completed by a Parent or Guardian if Under the Age of 18 years old*

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 I/my son/daughter takes on the Camp.

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

I have read and understood all the material relating to the Camp and hereby agree to attend, or where appropriate give my son/daughter permission to attend. I further declare that all medical and personal details provided are correct, complete and accurate.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/ Guardian (If Under 18)** \_\_\_\_\_ **Date:** \_\_\_\_\_