# Confidential Medical Information for Approved Excursions - Adult

This information will be used if you are involved in a medical emergency. All information is held in confidence. The medical information on this form must be current when the excursion/program is run.

You are responsible for all medical costs if you are injured on a church approved excursion. You can purchase accident insurance cover from a commercial insurer if you wish to.

Excursion/program name: ***Gipps St Church of Christ Youth and Young Adult Camp***

Date(s): **13-16th January 2025**

Full name:

Address:

 Postcode:

Date of birth: Age:

Next of Kin’s full name:

Emergency telephone numbers: A*fter hours* *Business hours*

Name of person to contact in an emergency (if different from the next of kin):

Emergency telephone numbers: *After hours* *Business hours*

Name of your doctor:

Address of your doctor:

Phone number:

Medicare number:

Medical/hospital insurance fund: Member number:

**Please tick if you are living with any of the following health conditions:**

🞎 Asthma (if ticked provide an Asthma Management Plan)

🞎 Anaphylaxis (if ticked provide an Individual Management Plan for the camp or excursion)

🞎 Bed wetting 🞎 Blackouts 🞎 Diabetes 🞎 Dizzy spells 🞎 Migraine

🞎 Heart condition 🞎 Sleepwalking 🞎 Travel sickness 🞎 Seizure of any type

🞎 Other:

**Allergies**

*Please tick if you are 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))

**Medication**

Are you taking any medicine(s)? 🞎 Yes 🞎 No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

Location of all medication must be given to the leader-in-charge. All containers must be labelled with your name, the dose to be taken as well as when and how it should be taken. Inform the leader-in-charge if it is necessary or appropriate for you to carry your medication (for example, asthma puffers or insulin for diabetes). You can only carry medication with the knowledge and approval of both the leader-in-charge.

**Medical consent**

Where the leader-in-charge of the excursion is unable to contact next of kin, or it is otherwise impracticable to contact next of kin, I authorise the leader-in-charge to:

* Consent to me receiving any medical or surgical attention deemed necessary by a medical practitioner.
* Administer such first-aid as the leader-in-charge judges to be reasonably necessary.

Your Signature (named above)

Date:

The Gipps Street Church of Christ requires this consent to be signed for all participants who attend church excursions that are approved by the church.

**Note**: You should receive detailed information about the excursion/program prior to your participation. If you have further questions, contact the excursion leader before the program starts.