



# JAZZ MUSIC CAMP MEDICAL CONSENT FORM

## CONFIDENTIAL

To be completed by the Parent/Guardian for students participating in the Jazz Music Camp. This form will be shown to Camp Staff and Emergency Services Personnel responsible for this student's safety for the duration of the camp.

STUDENTS WILL NOT BE PERMITTED TO PARTICIPATE WITHOUT  
A COMPLETED AND SIGNED CONSENT FORM

---

### PERSONAL DETAILS:

Full Name: .....

Date of Birth: .....

Medic Alert # (if applicable): .....

Medicare Number: .....

Emergency Contact Person: ..... Contact Number: .....

---

### HEALTH STATEMENT:

DOES THE ATTENDEE SUFFER FROM ANY OF THE FOLLOWING MEDICAL CONDITIONS?

CONDITION	SERIOUSNESS	MEDICATION
Asthma .....	.....	.....
Diabetes .....	.....	.....
Epilepsy .....	.....	.....
Dizzy Spells or Blackouts Bed Wetting.....	.....	.....
Sleep Walking .....	.....	.....
Travel Sickness .....	.....	.....
Migraine Headache .....	.....	.....
Vision Impairment.....	.....	.....
Hearing Impairment.....	.....	.....
Severe Allergies.....	.....	.....
Communication Difficulties .....	.....	.....

---

Have you attached health care details from your child's doctor/treating health professional?

.....

In the event of the attendee requiring the administration of an analgesic (pain killer),  
DO YOU CONSENT to the attendee being given the recommended dosage for their age of:

Paracetamol: .....

Ibuprofen: .....

---

## MEDICAL CONDITIONS

Does the attendee have a medical condition or health problem? .....

If you have answered "YES", please give details of the medical/health problem. Please attach a  
Health Care Plan as relevant:

.....

.....

.....

.....

## MEDICATION

Will the student be taking any prescribed medication with him/her on the Camp? .....

If you have answered, "YES" please give details:

Medication Name	Dose	When Taken	How Taken	Side Effects

**NOTE: All medication, with the exception of Ventolin inhaler, for occasional or regular use MUST be handed to first aid officer at drop off.**

## **MEDICAL HISTORY, FOOD, ALLERGIES AND PARTICIPATION:**

Please indicate any condition or injury which may effect your child's participation in any activity:

.....

.....

.....

.....

Has your child ever had a tetanus immunisation?..... Date:.....

Is your child allergic to any medicine?..... If so, which ones?.....

Reaction: .....

Any other Allergies:.....

Does your child wear glasses/contacts: .....

## **SPECIAL DIETARY REQUIREMENTS:**

.....

.....

.....

.....

## **ANY OTHER RELEVANT INFORMATION:**

.....

.....

.....

.....

The information requested on the student health information sheet will be considered confidential and will be treated accordingly. This information is sought in order to protect and assist the students so that the activity may be a safe and enjoyable experience. Please attach health care plans and extra sheets if required and contact the teacher-in-charge to discuss any student problems.

## CONTACT DETAILS

Student Mobile Number: .....

## PARENT/ GUARDIAN DETAILS:

Name: ..... Name: .....

Home Ph: ..... Home Ph: .....

Mobile: ..... Mobile: .....

Work Ph: ..... Work Ph: .....

Email: ..... Email: .....

## EMERGENCY CONTACT PERSON:

Name: ..... Relationship: .....

Home Ph: ..... Mobile: .....

Work Ph: ..... Email: .....

## MEDICAL CENTRE / DOCTOR DETAILS

Doctor Name: ..... Clinic Name: .....

Phone: ..... Address: .....

## MEDICARE / HEALTH INSURANCE / AMBULANCE COVER

Medicare Number: .....

Health Insurance Provider: .....

Health Insurance Membership Number: .....

Ambulance Membership Number: .....

## CONSENT AND AUTHORISATION

I submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I will forward any updated information if health/medical status changes prior to the Camp. I agree to delegate my authority to staff involved who may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually on the Camp. I authorise the staff to obtain medical assistance, which they deem necessary should an accident or illness occur and agree to pay all medical, dental and evacuation expenses incurred on behalf of the above student. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medical specialist to be contacted in an emergency.

## JAZZ MUSIC CAMP 2020

### PARENT AND STUDENT AGREEMENT

We have read and understood the conditions for the Jazz Music Camp. We agree to these rules in principle. We agree that no illegal or unlawful drugs or other materials will be taken, bought, or consumed while on this camp.

Parent/Guardian:

Name: .....

Signature: .....

Date: .....

Attendee: .....

Signature: .....

Date: .....