



GKDSC HEALTH RECORD AND CONSENT FORM

The information that is collected through this form will allow us to provide the best possible care whilst your child is on a GKDSC Tour or Camp.

This information will be managed confidentially and only disclosed to appropriate Coaches and Team management. If the information requested is not provided, we may not be able to appropriately respond to a non-routine situation.

Swimmer's Name _____ D.O.B _____

Contact Details

Parent/Guardian 1 _____ Relationship _____

Home Phone _____ Mobile _____ Work _____

Email _____

Parent/Guardian 2 _____ Relationship _____

Home Phone _____ Mobile _____ Work _____

Email _____

Health Fund Details

Medicare Number _____ Position _____ Expiry _____

Name of Private Fund _____ Policy Number _____

Family Doctors Name/Practise _____ Phone Number _____

Immunisation Details

Has your child been fully vaccinated according to the Health Department recommended schedule?

Yes/No

Date of Last Tetanus immunisation _____

Asthma

Does your child suffer with asthma? **Yes/No** (if yes, please continue)

Please State Triggers _____

Current Asthma Medication/Action Plan _____

Allergies

Does your child suffer with any allergies? **Yes/No** (if yes please continue)

Bee/Insect Allergy _____

Reaction _____

Treatment/Action Plan _____

Food/Medication/Others _____

Reaction _____

Treatment/Action Plan _____

Has your child been hospitalised as a result of an allergic reaction? **Yes/No** Date? _____

EPIPEN: Swimmer's responsibility to have it with them at all times.

General Medical History

Does your child suffer from any known medical conditions or disorders? (emotional, physical or behavioural)

Current Medications _____

Special Dietary Requirements _____

I give permission for my child _____ to be administered first aid as required by Team Coaches and Team Management. In the event of an emergency, I understand that every effort will be made to contact parent/guardian immediately, however if this is not possible I give permission for my child to receive the required medical attention and agree to meet any medical expenses incurred for this and any evacuation procedures deemed necessary for their safety. Any medical personnel relating to such an emergency can be granted the information contained in this form and a copy of any hospital/doctor's reports can be handed to the Team Coaches and Team Management for their records.

Signature of Parent/Guardian _____ **Date** _____