

Mununjali Jymbi Centre - 1 Year Medical Form

Privacy Notice: Mununjali Jymbi Centre gives some or all of this information to training, on call staff and in the event of an incident, emergency service personnel. All personal information is securely archived by Mununjali Jymbi Centre.

APPLICANT				
First Name	Surname			
Postal Address				
Home Phone	Other Phone			
Medical updates				
EMERGENCY CONTACT DETAILS				
Contact Person			Relationship	
Phone (home)			Phone (other)	
MEDICAL DETAILS				
Date of Birth			Gender	
Height			Weight	
Do you suffer from any of the following? (please circle)				
Arthritis	Diabetes	Epilepsy	Bleeding Condition	Kidney Disease
Heart Problems/Disease	High Blood Pressure	Fears or Phobias Other (Please state)		
Asthma: Have you ever had Asthma – YES / NO (Please circle)				
Please bring all medication - please provide details of medication				
LAST TREATMENT DATE:-				
MEDICATIONS YOU USE :-				
Do you suffer from any Drug Allergies? (please circle)				
Penicillin	Morphia	Other (please state)		
<i>Do you have any other allergies? (provide details: eg bee stings, peanut butter)</i>				
CURRENT MEDICATIONS list all medications you presently use (including prescription and over the counter medication)				
MEDICATION	DOSAGE	FREQUENCY		
<i>Parental Permission for Outlook staff to administer medication:-</i> _____				
<i>Have you had a recent illness or injury? (provide details)</i>				
<i>Do you have any disabilities? (provide details)</i>				
<i>Last Tetanus Injection? (please circle) Within last 2 years last 10 years over 10 years ago Never</i>				
If the need arises do you give permission for the young person to be administered paracetamol? Yes / No				
Swimming Ability (please circle) NONE POOR FAIR GOOD EXCELLENT				
Medicare No:- Place on card:-			Private Health Fund (provide details)	
Expiry date:-				
Signature			Date	

Consent Form - Adults

I (full name) _____

am consenting to participate in (indicate name of program or activity)

I understand that elements of the program are physically, socially and emotionally demanding. The program/activity may include participation in outdoor activities conducted in semi-remote bush areas.

I understand that certain risks and dangers will exist such as (but not limited to) loss or damage to personal property, injury or fatality. I acknowledge that while the the Jymbi Centre will make every reasonable effort to minimise risks, not all dangers associated with the program/activity of these activities can be foreseen.

I accept the fact that, while the Jymbi Centre staff are skilled and experienced and that the activities are managed using a risk management framework, the Jymbi Centre can not guarantee my safety since some risk is beyond their control.

I have a personal responsibility to follow safety guidelines established by Jymbi staff and risk management guidelines and I will inform them if I do not understand what is expected of me.

I am aware that if I choose not to continue the program/activity for any reason I can discuss this with the Jymbi staff. I can expect Jymbi staff to value my choice and encourage responsible decision-making. I understand that while every effort will be made by Jymbi staff to allow me to exit the activity, my choice can not put other participants at times in my care at risk.

I understand that non-identifiable program evaluation data will be collected as part of the program. This data may be used in reports.

I am sufficiently fit to participate in this program/activity.

I agree to notify Jymbi staff of any changes to my health and fitness, which may occur before, or during the program/activity. Should I become ill or injured, I give my consent to the Jymbistaff to provide or arrange for provision of medical treatment or rescue services as they see fit. I agree to pay for any such treatment or medical advice.

Signed _____

Date _____

Optional

I give consent for identifiable photos to be taken during the program and latter used by the Jymbi Centre for promotional purposes.

Please tick and sign Yes No

Signed: _____

STAFF TO CHECK WITH PARTICIPANT EACH TIME

Changes in Medical Form: No Yes If So what:

Medication: yes : If so what (when is it taken)

No

Allergies (if any):

PARENT or ★GUARDIAN CONSENT – (if participant is under 18)

I (full name) _____

Of (address) _____

Phone (home) _____ Phone (other) _____

Program/Activity Name _____

The Mununjali Jymbi Centre values your child/young persons safety.

Consent to my child's' participation in the above program/activity, including travel. I understand that the outdoor nature of the program will involve risks. The Jymbi centre undertakes to use the utmost care in ensuring each participant has a safe environment to meet personal challenge. I understand that appropriate information will be provided to participants before they participate in the program/activity and that they may choose their level of participation. I understand that non identifiable program evaluation data will be collected as part of the program. This data may be used in reports. I consent for the Jymbi staff in charge to obtain appropriate medical attention in the event of accident or illness and I undertake to pay for any such treatment or medical advice. I understand that I will be informed at the earliest reasonable opportunity.

In agreeing for your child/young person to attend programs/activities, you are also agreeing to be at home or at another suitable place at the stated time when your child/ren return from the program . If this is not possible that you will contact Mununjali staff with changes. We will not accept a message from your child/young person.

Signed _____ Date: _____

Optional

I give consent for identifiable photos of my child to be taken during the program and latter used by the Jymbi Centre for promotional purposes.

Please tick and sign Yes No Signed: _____

STAFF TO CHECK WITH PARTICIPANT/PARENT EACH TIME

Changes in Medical Form: No <input type="checkbox"/> Yes <input type="checkbox"/> If so what:
Medication: yes <input type="checkbox"/> : If so what (when is it taken) No <input type="checkbox"/>
Allergies (if any):

★Program Leader may sign on behalf of the legal guardian if:

- ❖ All reasonable steps to gain consent of the participants Parent' Legal Guardian has been undertaken.
- ❖ To the best of their knowledge the Parents/Legal Guardians would consent to their child's participation in the planned program.
- ❖ The Jymbi Centre accepts full responsibility for the child's participation in the planned program/activity.