



## Jymbi Consent and Medical Form

**Privacy Notice:** Mununjali Jymbi Centre will give some or all of this information to emergency service personnel in the event of an incident. All personal information is securely held by Mununjali Jymbi Centre.

<b>APPLICANT</b>					
First Name:		Surname:			
Postal Address:					
Date of Birth:		Gender			
		Male	Female	Transgender	Does not choose to identify
<b>EMERGENCY CONTACT DETAILS</b>					
Contact Person		Relationship			
Phone (home)		Phone (other)			
<b>MEDICAL DETAILS: Do you suffer from any of the following? (Answer yes if relevant)</b>					
Arthritis	Diabetes	Epilepsy	Bleeding Condition	Kidney Disease	
Heart Problems/Disease	High Blood Pressure	Fears or Phobias Other (Please state)			
<b>Asthma</b>					
<b>Please Answer Yes or No</b>					
Does your child have Asthma that requires the use of a puffer or spacer?					
Does your child carry this with them?					
Does your child usually self-administer this medication?					
<b>Does your child have an asthma action plan developed by your doctor . If yes, please provide a copy of this plan.</b>					
Does your child have <b>any life-threatening allergies or other medical conditions</b> that require immediate action to assist your child? (provide details: eg. bee stings, nuts, food or plants) <b>if yes action plan must be attached from doctor</b>					
<b>Parental Permission for Jymbi staff to administer medication, Ventolin or Epi Pen (Auto adrenaline injectors) in case of emergency:</b>					
Signature:		Date			
CURRENT MEDICATIONS: List all medications your child presently use (including prescription and over the counter medication)					
Does your child suffer from any Drug Allergies?					
Penicillin					
Morphia					
Other (please state)					



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Are all required vaccinations been done?					
Last Tetanus Injection?					
Within last 2 years over	last 10 years	10 years ago	Never		
Does your child have any physical/ mental disabilities that may need to be considered when engaging in a Mununjali Program activity? ? (provide details)					
Has your child had a recent illness or injury that may need considering when engaging in a Mununjali program activity/? (provide details) (how long ago)					
<b>Swimming Ability</b>					
<b>NONE</b>	<b>POOR</b>	<b>FAIR</b>	<b>GOOD</b>	<b>EXCELLENT</b>	
These details are not necessary					
Medicare No:					
Place on card:			Expiry date:		
Private Health Fund (provide details)					
			Expiry date:		
By typing in your signature and emailing from your personal email address, we will accept this as your signature					
<b>Signature:</b>			<b>Date</b>		

Email to: [Jymbienquiries@mununjali.com.au](mailto:Jymbienquiries@mununjali.com.au)