



HEALTH PROFILE

~ EOTC G16* EVENTS ONLY ~



This profile is designed to assist in the care of all participants at EOTC events, including adults. One form must be completed for EACH participant.

Name:	Medic Alert No: (If applicable)
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PLEASE TICK IF YOU/R CHILD HAS ANY OF THE FOLLOWING			
Migraine:	Epilepsy:	Asthma:	Diabetes:
Travel Sickness:	Fits of any type:	Chronic nose bleeds:	Heart condition:
Dizzy spells:	Colour blindness:	Hay fever/sinus:	ADHD:
Other:			(Please specify)
For overnight events...			
Sleepwalking:		Bedwetting:	

MEDICAL			
Are you/r child currently taking medication?		Yes	No
If YES, please state:	Ailment/s		
	Name of medication/s		
	Dosage and time/s to be taken		
	Other treatment		
If your child or you have had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities, please state the injury/illness.			
Injury/Illness:			
Are you/r child allergic to any of the following?		Yes	No
Prescription medication			Please specify
Food			
Insect bites/stings			
Other allergies			
What treatment is required?			
When was you/r child's last tetanus injection?			
What pain/flu medication may you/r child be given if necessary?			

To the best of your knowledge, have you/r child been in contact with any contagious or infectious disease/s in the last four weeks?	Yes	No
If YES, please give brief details.		

Outline any dietary requirements.

If there is there any information the staff should know to ensure the physical and emotional safety of you/r child, please state or attach the information. (eg cultural and/or religious practices; disability; anxiety about heights/darkness/small spaces; pregnancy; behaviour or emotional problems)

AGREEMENT	
(✓)	I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
	I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
	I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
	Any medical costs not covered by ACC or a community service card will be paid by me.
	If my child or I am involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he/I will be sent home at my expense.

To be read and signed by adult participant or parent/caregiver of child participant.

Signed:	Date:
Print Name:	

This form or a copy must be taken on the event. A copy should be retained by the school.

* G16 ~ any overnight excursion