

# THE Summit

## MEDICAL FORMS

This information is required for each person participating in The Summit program and will assist the group leader and the Summit staff in planning and preparing appropriate activities, meals etc.

## CAMP DETAILS

GROUP NAME: \_\_\_\_\_ DATE OF VISIT: \_\_\_\_\_

## PERSONAL DETAILS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

PARENTS/GUARDIANS NAME (APPLICABLE < 18 YEARS)

ADDRESS: \_\_\_\_\_

POSTCODE: \_\_\_\_\_

PHONE (H): \_\_\_\_\_

EMAIL: \_\_\_\_\_

PHONE (W): \_\_\_\_\_

FAX: \_\_\_\_\_

PHONE (M): \_\_\_\_\_

FAMILY DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_

MEDICARE NO: \_\_\_\_\_ AMBULANCE MEMBER: YES / NO

MEDICAL INSURANCE FUND: \_\_\_\_\_

## MEDICAL INFORMATION

Are you or your child subject to seizures, bedwetting, heart condition, asthma, black outs, migraines, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during there stay at The Summit? Yes  No

If 'Yes' please give details: \_\_\_\_\_  
\_\_\_\_\_

Are you allergic to (please give details):

- Penicillin  \_\_\_\_\_
- Any Other Drug  \_\_\_\_\_
- Any Food  \_\_\_\_\_
- Other  \_\_\_\_\_

Date of Last Tetanus vaccination: (If Known) \_\_\_\_\_

Other Dietary Restrictions: \_\_\_\_\_



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## Medication

Are you or your child currently taking any medication?      Yes          No   

If 'Yes' please give details: \_\_\_\_\_  
\_\_\_\_\_

Participants/Parents/Guardians are requested to make arrangements regarding your or your child's medication with the group leader prior to camp. All containers must be labeled with name, the dose to be taken and when it should be taken. If necessary or appropriate for you or your child to carry your own medication (ie. Asthma puffers) it must be with the knowledge and approval of both your group leader.

## CONSENT TO MEDICAL ATTENTION (Parent or Guardian Only)

Where the group leader is unable to contact me, or it is otherwise impractical to contact me. I authorize the group leader or Summit staff member to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner including calling an ambulance
- Administer such first-aid as the group leader may judge to be reasonably necessary.



Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_