HEALTH RECORD

(THIS INFORMATION WILL BE KEPT CONFIDENTIAL)

Surname ____________________First Name ___________________ Middle Name _________________
Address ____
☎Daytime Phone ___________________ Mobile ____________________ Club ____________________
Male / Female ______ Age ___________ DOB ____/____/____ Height ________ Weight _________
Blood Group (If known) ______ Medicare No.___________________ Place in Family _____ (eg 1, 2, 3)
Other Health Care ____
Contact person in an emergency _________________Phone __________________________________
Address of contact _____________________________________ Relationship ____________________
Doctor's Name ________________________________Phone__________________________________

If you answer "yes" to items 1-18, please supply full details on the lines below.

1. Heart Problems ❑ No ❑ Yes
2. Respiratory Problems ❑ No ❑ Yes
3. Travel Sickness ❑ No ❑ Yes
4. Phobias ❑ No ❑ Yes
5. Operations ❑ No ❑ Yes
6. Recent Illnesses ❑ No ❑ Yes
7. Migraines ❑ No ❑ Yes
8. Blackouts ❑ No ❑ Yes
9. Fits, Epilepsy, etc ❑ No ❑ Yes
10. Asthmatic ❑ No ❑ Yes
11. Diabetic ❑ No ❑ Yes
12. Restrictions on Activities ❑ No ❑ Yes
13 Bedwetting ❑ No ❑ Yes
14. Special Diet ❑ No ❑ Yes
15. Disability ❑ No ❑ Yes
16. Medication Required ❑ No ❑ Yes
17. Drug Reactions (ie penicillin) ❑ No ❑ Yes
18. Allergies (ie beestings/nuts) ❑ No ❑ Yes
19. Last Tetanus Booster – Date: ___/___/___

Any restrictions on activities:

Can you swim? ❑ Yes ❑ No

____
Disability (Physical/intellectual/emotional)

____
Any medication required

____
Drug reactions (ie: penicillin allergy)

____
Allergies (ie: food, bee stings)

"Authorisation and Agreement"

In the event of accident or illness, I authorise the organiser to consent (where it is impractical or communicate with me) for me / my Pathfinder to receive any x-ray examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon. I also authorise to engage such treatment.

I agree to meet the expense of me / my child being returned home, by the director or leaders due to illness or injury.

I agree to me / my Pathfinder attending the Expedition on this understanding.

Signed: ____ ____/____/____
Participant ***Date***

Signed: ____ ____/____/____
Parent/Guardian (if applicant under 18yrs) ***Date***