



The information below is requested to assist in case of illness or accident. Please make it as accurate as possible. This information will be held in confidence in line with our privacy policy which can be found on our website [www.kiahridge.org.au](http://www.kiahridge.org.au)

Campers name in full: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Exp Date: \_\_\_ / \_\_\_ Date of last tetanus injection: \_\_\_ / \_\_\_ / \_\_\_

Does your child wear contact lenses?  Yes  No Ambulance cover?  Yes  No

Private Health Insurance provider & membership number (if applicable): \_\_\_\_\_

Name of family doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any special dietary requirements?  Yes  No. If yes, please download the Special Dietary Requirements form from our website & return with your application (essential).

Does your child suffer from any of the following?

Please provide details of medication, treatment, triggers etc, using a separate page if necessary.

• Any physical disabilities/disorders  Yes  No -e.g. back problems, knee problems, poor eyesight etc

\_\_\_\_\_

• Diabetes:  Yes  No \_\_\_\_\_

• Epilepsy:  Yes  No \_\_\_\_\_

• Heart Problems:  Yes  No \_\_\_\_\_

• Blood Pressure problems:  Yes  No \_\_\_\_\_

• Bed Wetting:  Yes  No \_\_\_\_\_

• Respiratory Problems (other than asthma):  Yes  No

\_\_\_\_\_

• Asthma:  Yes  No (if Yes, please give details below)

• Drug/Anaesthetic Allergies:  Yes  No (if Yes, please give details below)

• Other Allergies:  Yes  No (if Yes, please give details below)

ASTHMA AND ALLERGIES: If you ticked 'yes' above for asthma or allergies please give a detailed description here of triggers, signs and symptoms at onset, severity, and treatment plan. Attach another page if necessary.

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any operations or major injuries/conditions in the past?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Any illnesses in last 12 months? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please give full details of any other problems either medical or physical that would limit your son/daughter's full participation in any part of the camp program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will your child need to take any medication whilst on camp?  Yes  No

If yes, please provide name, dosage, frequency, and any Doctor's instructions for any prescription medication:

\_\_\_\_\_  
\_\_\_\_\_

Are there any behavioural conditions that we should know about? (Attach more information if necessary):

\_\_\_\_\_  
\_\_\_\_\_