Health Record

(This information will be kept confidential)

Name _____ Male / Female (circle one) Age _____ DOB_____

Height _____ Weight _____ Applicant's Blood Group (If known)_____

Medicare No._____Position_____ Other Health Care _____

Contact person in an emergency _____ Phone _____

Address of contact _____

Doctor's Name _____ Phone _____

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

1. Heart Problems	yes O no O	2. Respiratory Problems	yes O no O
3. Travel Sickness	yes O no O	4. Phobias	yes O no O
5. Operations	yes O no O	6. Recent Illnesses	yes O no O
7. Migraines	yes O no O	8. Blackouts	yes O no O
9. Fits, Epilepsy, etc	yes O no O	10. Asthmatic	yes O no O
11. Diabetic	yes O no O	12. Restrictions on Activities	yes O no O
13 Bedwetting	yes O no O	14. Special Diet	yes O no O
15. Disability	yes O no O	16. Medication Required	yes O no O
17. Drug Reactions	yes O no O	18. Allergies	yes O no O
19. Can You Swim?	yes O no O	20. Last Tetanus Booster – Date:	

DETAILS: _____

_____

_____

Authorisation and Agreement

In the event of accident or illness, I also authorise the Pathfinder Director to consent, where it is impractical or communicate with me, for me / my child 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 pay the appropriate fees for such and any ambulance or other emergency transportation costs, which may be required.

I agree to meet the expense of me / my child being returned home, by the director or leaders. I understand that such an arrangement may be necessary due to illness, injury, or if, in the opinion of the Adventurer Director, non-cooperation of any description or the inability to meet the rigours and requirements of the activity.

I agree to me / my child attending the activity on this understanding.

Signed: _____ _____

Participant Date

Signed: _____ _____

Parent/Guardian (if applicant is aged under 18yrs) Date