



HEALTH RECORD

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