Staff & Volunteers Medical & Personal Information Form - Confidential

Protecting Your Privacy

Protecting your privacy is important to us. The information we seek allows us to manage risk, provide reasonable care and administer your involvement in our program. We are careful to keep your information confidential, and provide it only to those agents acting on behalf of the organisation who need it to enable them to perform their agreed activities (e.g. First Aid Officer). We will not use your information for other purposes. You are welcome to contact our office in relation to issues regarding your personal information and for a copy of our Privacy Policy.

We only ask for information that is necessary for the purposes outlined in this statement. In some circumstances, if you don't provide us with all requested information, you could miss the opportunity to be involved in our program.

Program Applied For: ____

Personal Contact Details:

Given Name: ______________________ Surname: ______________________

Preferred Name: ______________________ ☐ Male ☐ Female Date of Birth: ☐

Address: ____

Suburb: ______________________ Postcode: __________ Phone: ( ) ______________

Do you consent to your contact details being included on the contact list provided to participants? ☐ Yes ☐ No

Do you consent to appropriate use by us of photographs taken on the program that include you? ☐ Yes ☐ No

For example, inclusion in our focus, placement on our webpage or in a brochure

Program Preparation Details

Dietary Requirements:

Do you have any special dietary requirements? ☐ Yes ☐ No

If so please list them (We will endeavour to meet these requirements, and will contact you if there are any problems):

____

____

Can you swim? (tick one) ☐ No ☐ Fair Swimmer ☐ Good Swimmer

Are you subject to sleep walking? ☐ Yes ☐ No

Safety and Care Details

In case of emergency, please list phone numbers where a friend or relative may be contacted during the course of the program.

Name:	Relationship	Phone Number
______________	______________	______________
______________	______________	______________

Are there any conditions which require special attention that we should know about, e.g. hearing or sight impairment, ADD or ADHD, behaviour issues, formal counseling situations, or any other? *Please list below:*

____

____

____

Adapted from ChildSafe Team Leader © Scripture Union Australia Version 1.1

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Medical Information

Please give details of your medical insurance if applicable

Insurance Provide: ___________________________ Membership Number: ____________________

Medicare Number: ___________________________

Important: Please note that in regards to non-prescription medications such as paracetamol (e.g.Panadol), it is our policy that leader team members do not provide medications.

Will you need to take any tablets or other medication during the course of the program? ☐ Yes ☐ No

*If yes, please list the medication:*____

If an Epipen may be required the participant must carry it with them at all times.

Have you been taken off medication recently? If yes, please give details.

____ ☐ Yes ☐ No

What is the year of your last tetanus injection? _______________

Have you previously broken/fractured any bones? If yes, please give details: ☐ Yes ☐ No

Specific Medical Conditions

Please indicate in the relevant columns if you have had any of the following. Provide additional details if necessary.

Condition	*In the Past*	*Present*	*Details: e.g. severity, last injection, treatment*	*Condition*	*In the Past*	*Present*	*Details: e.g. severity, last injection, treatment*
Asthma	☐	☐		Hyperactivity	☐	☐	
Appendicitis	☐	☐		Hypo activity	☐	☐	
Bronchitis	☐	☐		Heart Problems	☐	☐	
Chicken Pox	☐	☐		Measles	☐	☐	
Diabetes	☐	☐		Mumps	☐	☐	
Ear Infections	☐	☐		Pneumonia	☐	☐	
Epilepsy	☐	☐		Tonsillitis	☐	☐	
Fits/Convulsion	☐	☐		Allergy – Foods	☐	☐	
Faint/Dizziness	☐	☐		Allergy – Animal	☐	☐	
Glandular Fever	☐	☐		Allergy - Other	☐	☐	

Particular Activities

In attending the program, you consent to participation in a range of general sporting and recreational activities. If specific risk-oriented activities are included, the program director will have informed you of these.

Are there any specific activities that you do not wish to participate in.? ☐ Yes ☐ No

If yes, please specify:

Your Agreement With The Organisation

I am aware, in signing this document for my participation in this program, that certain elements of the program could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which I will be participating. I acknowledge that while the organisation and its leaders will make every reasonable effort to minimize exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the organisation, its leaders and staff. In the event of any emergency where my nominated contact people are unavailable:

- I authorize the leaders to obtain medical advice and/or assistance which they deem necessary.
- I further authorize qualified practitioners to administer anaesthetic if required.
- I accept all operation, blood transfusion and/or anaesthetic risks involved in the event that such procedures are deemed necessary.
- I accept the responsibility for payment and agree to pay medical, transport and any other related expenses.
- I confirm that the information contained in this application is true and correct.
- I agree to inform the leader of any change to these details.

__________________________ __________________________ ______________________

Name of Applicant Signature of Applicant Date