

# P3 – Medical Consent Form

<b>Adventurous Journey Destination:</b>	<b>START DATE:</b> / / <b>FINISH DATE:</b> / /
<b>Award Unit:</b>	

<b>PARTICIPANT DETAILS</b>			
First Name	Surname		
Home Phone	Other Phone		
Address			
Do you identify as an Aboriginal or Torres Strait Islander person?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>EMERGENCY CONTACT DETAILS</b>			
Contact Person	Relationship		
Phone (home)	Phone (other)		
<b>MEDICAL DETAILS</b>			
Date of Birth: / /	Weight: kgs	Gender:	Height: cms
Do you have, or have ever had, any of the following?			
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma <i>If yes, date of last episode &amp; any medication you use</i>	<input type="checkbox"/> <input type="checkbox"/>	Heart Problems/ Disease	<input type="checkbox"/> <input type="checkbox"/>
Diabetes	<input type="checkbox"/> <input type="checkbox"/>	Diabetes	<input type="checkbox"/> <input type="checkbox"/>
Drug Allergy <i>If yes, please circle</i> Penicillin Morphia Other:	<input type="checkbox"/> <input type="checkbox"/>	High Blood Pressure	<input type="checkbox"/> <input type="checkbox"/>
Bleeding Condition	<input type="checkbox"/> <input type="checkbox"/>	Bleeding Condition	<input type="checkbox"/> <input type="checkbox"/>
Other Allergies <i>If yes, please state</i>	<input type="checkbox"/> <input type="checkbox"/>	Mental Health Issue	<input type="checkbox"/> <input type="checkbox"/>
Recent Illness/ Injury <i>If yes, please state</i>	<input type="checkbox"/> <input type="checkbox"/>	Recent Illness/ Injury	<input type="checkbox"/> <input type="checkbox"/>
Do you have any disability <i>If yes, please state</i>	<input type="checkbox"/> <input type="checkbox"/>	Fears/ Phobias <i>If yes, please state</i>	<input type="checkbox"/> <input type="checkbox"/>
Other Condition	<input type="checkbox"/> <input type="checkbox"/>	Other Condition	<input type="checkbox"/> <input type="checkbox"/>
Date of Last Tetanus Injection: Within last 2 years <input type="checkbox"/> last 10 years <input type="checkbox"/> over 10 years ago <input type="checkbox"/> Never <input type="checkbox"/>			
If the need arises do you give permission for the young person to be administered paracetamol? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Medications: <i>list all medications you presently use -including prescription and over the counter medication</i>			
Medication _____	Dosage _____	Frequency _____	Treatment for _____
Medication _____	Dosage _____	Frequency _____	Treatment for _____
Medication _____	Dosage _____	Frequency _____	Treatment for _____
Parental Permission for DOE staff to administer medication Yes <input type="checkbox"/> No <input type="checkbox"/>			
Swimming Ability: Excellent <input type="checkbox"/> Confident <input type="checkbox"/> Some Confidence <input type="checkbox"/> Not Confident <input type="checkbox"/>			
Do you have any special dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please state</i>			
Medicare No: _____	Private Health Fund <i>If Yes, please state details</i>		
Place on card: _____	Expiry date: / /		

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## PARTICIPANT CONSENT

- I am sufficiently fit to participate in this program. I agree to notify the AJS of any changes to my health and fitness, which may occur before, or during the AJ. Should I become ill or injured, I give my consent to the supervisor in-charge to provide or arrange for provision of medical treatment or rescue services as they see fit. I agree to pay for any such treatment or medical advice.

SIGNATURE

DATE

## PARENTAL /GUARDIAN CONSENT – For Participants under 18 years

- I consent for the supervisor in-charge to obtain appropriate medical attention in the event of accident or illness and I undertake to pay for any such treatment or medical advice. I understand that I will be informed at the earliest reasonable opportunity.

SIGNATURE

DATE

## PRIVACY

The Department of Education, Training and Employment is collecting your personal information to facilitate your involvement in 'The Duke of Edinburgh's Award' or 'the Bridge Award' programs.

Your personal information will only be accessed by authorised officers who may provide the information to award volunteers and organisations associated with The Duke of Edinburgh's Award program to facilitate the Award programs and to update and maintain records.

Non-identifying statistical information may also be supplied to the National Award Authority of The Duke of Edinburgh's Award in Australia, a non-government organisation that oversees The Duke of Edinburgh's Award in Australia.

Your personal information will not be used for any other purpose or disclosed to any other party unless we have your consent or it is required by law. Your personal information is collected and managed in accordance with the Information Privacy Principles described in the Information Privacy Act 2009 and, if applicable, in accordance with section 426 of the Education (General Provisions) Act 2006. You can access your own personal information by contacting the Queensland State Award Operating Authority.

By signing this agreement I give my consent for the Department of Education, Training and Employment to provide access to my personal and/or organisational information to award volunteers and organisations to facilitate the Award programs and maintain licensing agreements.