



# MUSIC CAMP 2008

FORM-C

## MEDICAL QUESTIONNAIRE AND PERSONAL DETAILS

Child's first name: \_\_\_\_\_ Surname: \_\_\_\_\_

Ensemble Name: \_\_\_\_\_ Class: \_\_\_\_\_

Age: \_\_\_\_\_ DOB: \_\_\_\_\_ Parent/Guardian Names: \_\_\_\_\_

Home address: \_\_\_\_\_

Home phone number: \_\_\_\_\_ mobile: \_\_\_\_\_

*In the event that your child should require medical attention it would assist if you could supply the relevant insurance information:*

Medicare Number: \_\_\_\_\_

Private Health Fund (name): \_\_\_\_\_ Fund Member No: \_\_\_\_\_

Ambulance Cover: Yes / No (circle answer)

Doctor's Name: \_\_\_\_\_ Doctor's phone no: \_\_\_\_\_

*Please circle the correct answers:*

1. Is she/he in good health? ..... YES/NO

2. Does your child suffer from any chronic illness or disability? YES/NO

*If yes, please explain:*

\_\_\_\_\_

3. Has she/he suffered from any acute illness during the past 4 months? ..... YES/NO

*If yes, please state the nature of the illness:*

\_\_\_\_\_

4. Has she/he been treated by a medical practioner for any injury during the past 4 weeks? YES/NO

*If so, please give details:*

\_\_\_\_\_

5. Is she/he taking any medication at present? *If so, please give details:* YES/NO

\_\_\_\_\_

6. Does she/he suffer from:

(a) Asthma or any allergic condition? ..... YES/NO

(b) Skin conditions? ..... YES/NO

(c) Diabetes? ..... YES/NO

(d) Epilepsy, fits or blackouts? ..... YES/NO

(e) Adverse reaction to drugs? ..... YES/NO

*If you have answered yes to any of these questions in part 6, please provide details:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Does she/he wet the bed? ..... YES/NO

8. Has she/he had the combined Dithertia Tetanus Toxioid booster injections? ..... YES/NO

*Note: Any child entering the Camp with medical problems needs a letter from his/her doctor regarding any treatment and condition. Medication must have the child's name, dosage and dosage time clearly marked. Only medication in the child's name will be administered. All medication must be administered by adult supervisor. Pass medication directly to a supervisor on Friday afternoon and do not leave it in your child's bag.*

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN NAME (please print): \_\_\_\_\_