



## Medical Information Form

This information is collected for the purpose of ensuring the safety and well being of members stated in this form. It will be disclosed as appropriate to Verchovyna leaders / instructors. We ask your assistance in updating this information as necessary. This information will be kept securely and may be accessed upon request.

### Personal Details

Member's Full Name

Date of Birth                      Age

Parent's/ Guardian's Full Name

Address

Postcode

Medicare Number

Expiry Date

Ref. No

Medical/ Hospital Insurance Fund

Contribution No

### Emergency Contact

Name

Relationship

Emergency Telephone:      After Hours

Business Hours

Name / Address / Telephone of Family Doctor

### Medical History

*Please tick if the above named member suffers any of the following:*

- Heart Condition
- Dizzy Spells
- Black outs
- Other
- Diabetes
- Sleepwalking
- Migraine
- Please specify
- Fits of any type
- Asthma
- Travel Sickness

*Please attach Management Plan as required for any of the above*

### Allergies to:

- Penicillin
- Any food
- Other Drugs
- Other Allergies

Please specify



What special care is recommended?

**Tetanus Immunisation**

Last tetanus immunization was \_\_\_\_\_

**Tablets and Medicines**

1. Is the above named member presently taking tablets and/or medicine? YES/NO  
If YES, please state name of medication, dosage etc

\_\_\_\_\_

**Dietary Requirements**

Are there any special dietary requirements? YES/NO  
If YES, please specify

\_\_\_\_\_

**Consent to Medical Attention**

I authorise the leaders of Verchovyna, where it is impracticable to communicate with me, for the member named in this form receiving such medical or surgical treatment as may be deemed necessary.

I declare that the information provided on this form is complete and correct.

Signed:

Member/ Parent / Legal Guardian:

Date

\_\_\_\_\_

\_\_\_\_\_

**Note: Please ensure that you have completed all relevant information and return this form to the Verchovyna Enrolment Officer.**

**I understand that it is my responsibility to notify Verchovyna Administration of any changes to these details.**