



# Victorian Bands' League Inc.

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## CONFIDENTIAL MEDICAL REPORT FOR VBL ACTIVITIES

This report is intended to assist the VBL in case of any medical emergency with your child. All information is held in confidence.

Name of Activity: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's/Guardian's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_ Postcode: \_\_\_\_\_

Emergency ☎(w): \_\_\_\_\_ Emergency ☎(h): \_\_\_\_\_

Family Doctor's Name: \_\_\_\_\_

Family Doctor's address: \_\_\_\_\_

Family Doctor Phone: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Ambulance Subscription No: \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Please tick if your child suffers any of the following :

- |                                      |   |  |
|--------------------------------------|---|--|
| <input type="checkbox"/> Asthma      | <input type="checkbox"/> Dizzy Spells     | <input type="checkbox"/> Sleepwalking    |
| <input type="checkbox"/> Blackouts   | <input type="checkbox"/> Fits of any kind | <input type="checkbox"/> Travel Sickness |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Heart Condition  | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Diabetes    | <input type="checkbox"/> Migraine         | _____                                    |

**Asthma Details: Peak expiratory flow reading (in litres per minute)**

Expected Best: \_\_\_\_\_ Extra Medication: \_\_\_\_\_

Contact Doctor: \_\_\_\_\_

**Disabilities:** Hearing: \_\_\_\_\_ Visual: \_\_\_\_\_

Speech: \_\_\_\_\_ Physical: \_\_\_\_\_

**Drug Allergies:** \_\_\_\_\_

**Food Allergies:** \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

**Special care requirements (if any):** \_\_\_\_\_

\_\_\_\_\_

**Date of last Tetanus Immunisation or Booster:** \_\_\_\_\_

**Tablets & Medicines:** Is your child presently taking tablets and/or medicine ? **YES / NO**

**If YES state name of medication, and dosage, etc:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**DO YOU GIVE PERMISSION FOR ANALGESICS TO BE ADMINISTERED BY THE PERSON IN CHARGE? YES / NO**

All medication must be handed to the person in charge prior to leaving. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first aid centre and distributed as required.)

If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the person in charge and yourself.

## CONSENT TO MEDICAL ATTENTION

Where the person in charge of the excursion / camp is unable to contact me, or it is otherwise impracticable to contact me, I authorise the person in charge to:

- consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- administer such first aid as the person in charge may judge to be reasonably necessary.

Signature of Parent/Guardian: \_\_\_\_\_

Name (please print): \_\_\_\_\_ Date: \_\_\_\_\_

- The Victorian Band's League requires this consent to be signed for all persons under 18 years of age attending VBL Activities.
- Note: Parents / Guardians should provide written approval prior to their child taking part in any excursion.