

UQ Sport Kids Emergency & Medical Details

1. Customer Details

| Little: |
|--|
| Full Name of Child: |
| Childs Date of Birth: |
| Parent Contact Email: |
| Important Parent Information |
| The health and wellbeing of children in our care is paramount. To safely offer programs to your family, we need to be aware of any medical issues that the participant may have, as well as any life-threatening conditions including, but not limited to, severe allergies. We also need to know who to call in case of an emergency. |
| The information requested in this form MUST be completed as a condition of enrolment before the program commences. |
| Emergency Information |
| Please note, in case of emergency were we are unable to contact one of the emergency contacts listed below UQ Sport will call an ambulance. |
| 1. Emergency Contact Name (1) |
| 2. Emergency Contact Number (1) |
| 3. Emergency Contact Relationship to Participant (1) |
| 4. Emergency Contact Name (2) |
| 5. Emergency Contact Number (2) |
| 6. Emergency Contact Relationship to Participant (2) |

Medical & Behavioural Information

If your child has any medical conditions including asthma, anaphylaxis or epilepsy, or requires any medication to be administered during a program by a UQ Sport staff member. You must ensure a Permission to Administer Medication Form has been completed and submitted to the relevant venue. An Action Plan should also be completed and submitted to the Program Coordinator prior to commencement of the program.

| 1. | Does the participant have a disability or movement limitation? If so, please | | | | |
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| 2. | Does the participant have any emotional or behavioural probapecify. | please | | | |
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| 3. | Does the participant have a history of asthma? If so, please triggers and management strategies. | specify inclu | uding any | | |
| | | | | | |
| 4. | oes the participant have any allergies (and/or is affected by anaphylaxis)? if so, ease specify. | | | | |
| | | | | | |
| 5. | Does the participant have a history of seizures? If so, please seizures are experienced and provide a copy of your action | the participant have a history of seizures? If so, please specify what type of es are experienced and provide a copy of your action plan | | | |
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| 6. | Can the participant have 30+ sunscreen applied to them? | YES | NO | | |
| 7. | Can a Band-Aid be applied to the participant? | YES | NO | | |
| 8. | Is the participant fully immunised as per Queensland Health requirements? If the child is not vaccinated, the child will be excluded if an outbreak should occur. | | | | |
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| 9. | Does the participant have any other special requirements? i. | s the participant have any other special requirements? i.e. Cultural/Religiou | | | |
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