



Child Emergency & Medical Form

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.

Child Details:

Full Name			
Date of birth		Gender	
Address			

Parent/guardian contact information:

EMERGENCY CONTACT 1	
Parent/guardian name	
Relationship to Child	
Phone & Mobile	
EMERGENCY CONTACT 2	
Parent/guardian name	
Relationship to Child	
Phone & Mobile	

Emergency Contact Information:

Doctor's name			
Phone		After hours	
Specialist Name (if applicable)			
Phone		After hours	
Health Care Card no.			
Medicare Card no.			

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 Consent 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 specify:			
2. Does the participant have any emotional or behavioural problems? If so, please specify.			
3. Does the participant have a history of asthma? If so, please specify including any triggers and management strategies.			
4. Does the participant have any allergies (and/or is affected by anaphylaxis)? if so, please specify:			
5. Does the participant have a history of seizures? If so, please specify what type of seizures are experienced and provide a copy of your action plan.			
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.			
9. Does the participant have any other special requirements? i.e. Cultural/Religious			

Name of Parent/Guardian (who completed the form):	
Signature:	Date: