



# Спілка Української Молоді в Австралії Ukrainian Youth Association in Australia

Крайова Управа – National Executive

веб-сторінка: [www.CYM.org/AU](http://www.CYM.org/AU)

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## Medical Details and History

Medicare Number (Reference Number)		Expiry Date			
Other Health Cover Details		Number			
<i>Have you ever suffered from any of the following? If yes, please provide details below.</i>					
Asthma	Yes		No		
Allergies	Yes		No		
Heart Condition	Yes		No		
Diabetes	Yes		No		
Epilepsy	Yes		No		
Bleeding Disorder	Yes		No		
Any injury/operation in last 12 months?	Yes		No		
Do you currently wear glasses or contact lenses?	Yes		No		
Are you currently on any medications?	Yes		No		
<i>Please provide details below of any of the abovementioned conditions to which you answered "yes".</i>					
Date of last tetanus injection					
Swimming Ability					
I can swim 50 metres	Yes		No		
Special Dietary Needs					

## Consent for the Administration of Paracetamol Campers UNDER the age of 18 – Parental Consent

I, \_\_\_\_\_, give permission for the Chief First Aid Officer to administer paracetamol to my child \_\_\_\_\_ in the event that it is needed.

The usual dose my child receives is \_\_\_\_\_.

My child has paracetamol in an elixir or tablet form (please circle).

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

\_\_\_\_\_  
Signature

## Consent for the Administration of Paracetamol Campers OVER the age of 18.

I, \_\_\_\_\_, give permission for the Chief First Aid Officer to administer paracetamol to myself in the event that it is needed.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

- NOTE:**
- Paracetamol will be administered every six (6) hours with a total of four (4) doses given in a 24 hour period, if needed.
  - The standard dose for Adults is 1g (two (2) tablets) every six hours with a total of 4g (eight (8) tablets) to be given in a 24 hour period.
  - If symptoms persist, then further medical attention will be sought at the discretion of the Chief First Aid Officer.

## Asthma Management Plan

Name		Date of Birth	
Name of Regular Medication			
Quantity and Daily Dosage			
Additional Medication in case of an attack			
<i>The participant is required to bring the above medications to the camp or event.</i>			
<i>Medications are self administered under the supervision of a camp leader or trainer.</i>			
Other Information			

## Allergic Reaction Management Plan

Name		Date of Birth	
Allergy			
Signs and Symptoms of reaction			
What medications are taken (if any) for the prevention of allergic reaction?			
What procedures are followed if an allergic reaction occurs?			
At any time in the past, have you:			
Suffered from an anaphylactic reaction (e.g. severe breathing problems, swelling of body, emergency situation)?	Yes	No	
Been admitted to hospital for an allergic reaction?	Yes	No	
Taken adrenalin (Epi-Pen) whilst suffering from an allergic reaction?	Yes	No	
If you answered "yes" to any of the questions above, documentation from the medical practitioner must be provided containing information on the participant's allergy management and emergency routine. Participation in the programme depends on full agreement by the medical practitioner, the Ukrainian Youth Association and parent/guardian.			