



MUROTO EXCHANGE: MEDICAL INFORMATION

CONFIDENTIAL MEDICAL INFORMATION FOR MUROTO DELEGATES

The following is intended to assist the supervising adult delegates in case of a medical emergency involving a delegate. Information will be held in confidence.

Delegate's full name:	
Date of birth:	
Emergency contacts' full name(s): <i>(second contact name optional)</i>	1:
	2: <i>(OPTIONAL)</i>
Home address:	
Emergency phone numbers:	Home:
	Work:
	Mobile:
Family doctor name:	
Family doctor address:	
Medicare number:	
Medicare expiry date:	
Medical/hospital insurance fund:	
Contribution no.	

Please tick if the delegate suffers from any of the following conditions:

Anxiety disorder:	<input type="checkbox"/>	Blackouts:	<input type="checkbox"/>	Heart condition:	<input type="checkbox"/>	Seizures:	<input type="checkbox"/>
Asthma:	<input type="checkbox"/>	Diabetes:	<input type="checkbox"/>	Migraines:	<input type="checkbox"/>	Sleepwalking:	<input type="checkbox"/>
Bed wetting:	<input type="checkbox"/>	Dizzy spells:	<input type="checkbox"/>	SARS:	<input type="checkbox"/>	Travel sickness:	<input type="checkbox"/>
Other:	<input type="checkbox"/>	Other conditions:					

Allergies to:

<input type="checkbox"/>	Penicillin	<input type="checkbox"/>	Other drugs:
<input type="checkbox"/>	Any foods:	<input type="checkbox"/>	Other:

What special care is recommended?

Is there a **Medical Management Plan** in place?

Yes: No:

Have you provided a copy of the **Medical Management Plan**?

Yes: No:

Are any modifications to the **Medical Management Plan** required?

Yes: No:

Describe any required modifications to the **Medical Management Plan**:

Are you aware of any medical **emergency** that could arise?

Yes: No:

Please provide details of the **emergency** and how to recognise it:

Please provide details of **emergency treatment** (please provide extra attachments if needed):

Year of last **tetanus immunisation**:

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NOTE: Tetanus immunisation is normally given at five years of age (as Triple Antigen or CDT) and at fifteen years of age (as ADT)

Is the delegate currently taking any **medication**?

Yes: No:

If yes, please provide name of **medication** and dosage details:

NOTE: All medication containers must be labelled with the delegate's name, the dose to be taken, specific storage conditions, and when it should be taken. For Customs processes, you must enquire with your doctor if it is also necessary for the delegate to carry a doctor's letter confirming that the medication is prescribed by a registered medical practitioner. If it is necessary or appropriate for the delegate to carry his/her own medication (e.g. asthma puffers or insulin for diabetes) it must be with the knowledge and approval of both the supervising adult delegates and yourself.

Is this the first time that the delegate has spent **time away from home**?

Yes: No:

For cultural or religious reasons, are there any medical procedures that you wish to be **withheld** from the delegate?

Yes: No:

If yes, please provide details:

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CONSENT TO MEDICAL ATTENTION:

In the event of any accident/illness involving the delegate, and contact with me or our emergency contact being impracticable or impossible, I authorise:

- The supervising adult delegate as my nominee to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary***
- The supervising adult delegate to administer any first aid as they may judge to be reasonably necessary***

I understand that in the event of illness or accident involving the delegate, I will be responsible for all associated costs and charges, including ambulance transportation. I understand that it is a requirement of the Muroto Exchange that delegates take out travel insurance.

Adult delegate/parent(s) name:	1:	2:	(OPTIONAL)
Adult delegate/parent(s) signature:	1:	2:	(OPTIONAL)
Date:			