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| --- | --- | --- | --- | --- | --- | --- | --- |
| **2017 Debutante Ball** | | | | | | | |
| **Medical Information** | | | | | | | |
| The information requested will remain confidential and be used only for emergencies. | | | | | | | |
| Name |  | | | | Date of Birth | |  |
| Medicare: |  | | | | Healthcare: | |  |
| **Medical History** | | | | | | | |
| Does the young person have any disability or chronic illness or need any special health care? | | | ❒YES ❒NO  If YES, please attach details and a management plan if applicable. | Special health care (please specify): | | | |
| Is the young person taking any prescribed medication? | | | ❒YES ❒NO  If YES, Please specify what action is required: | Medication (please specify): | | | |
| Does the young person have any of the identified health issues? | | | ❒YES ❒NO  If YES, please attach details and a management plan if applicable. | Health (please specify) | | | |
| Does the young person have particular allergies? | | | ❒YES ❒NO  If YES, Please specify what ,allergy and attach details and a management plan if applicable | Allergies (please specify): | | | |
| Food allergies:  Give any details of any special food requirements for medical, religious or other reasons. | | | ❒YES ❒NO  If YES, please attach details and a management plan if applicable | Food Allergies (please specify): | | | |
| **Emergency Contact** | | | | | | | |
| Primary | |  | | Secondary | |  | |
| Name | |  | | Name | |  | |
| Relationship | |  | | Relationship | |  | |
| Contact number | |  | | Contact number | |  | |
| **Medical Consent** | | | | | | | |
| In the event of an accident or illness and where I cannot be contacted, I authorise the Centre of Excellence, staff, and contractors to obtain the necessary emergency medical assistance required. | | | | | | | |
| Guardian Name | | |  | Guardian Signature | | |  |
| Contact Phone Number | | |  | Date | | |  |
| Relationship | | |  | *Organisation* | | |  |
| **Personal Consent- OVER 18** | | | | | | | |
| Name | | |  | Date | | |  |
| Signature | | |  |  | | |  |