

# BOPBA JUNIOR TEAM MEDICAL FORM

<b>Name</b>		D.O.B.
<b>Parent/Caregivers Name</b>		
<b>Contact Numbers</b>	Home	Daytime
<b>Emergency Contact Name</b>		
<b>Contact Numbers</b>	Home	Daytime
<b>Family Doctor/GP Name</b>		
<b>Medical Centre Name &amp; Address</b>		Medical Centre Phone No.

We ask that parent/caregiver complete this form so that we can have it on file at all times throughout the trip. If visiting a medical centre or hospital, this form will accompany the patient. This information is to assist us in case of any eventuality and is treated in a confidential manner.

Medical Information			
Allergy to Medication/Food		Yes	No
If yes please explain allergy & medication:			
Is your child currently taking medication (tablets/medicine)		Yes	No
If yes please state the name of medication & dosage:			
Last Tetanus Immunisation was:			
Please tick if your child suffers any of the following:		Further Details (if applicable)	
Fits/Seizures of any kind	Yes	No	
Heart Condition	Yes	No	
Dizzy Spells	Yes	No	
Black outs	Yes	No	
Asthmas	Yes	No	
Migraine	Yes	No	
Bed wetting	Yes	No	
Sleep walking	Yes	No	
Travel sickness	Yes	No	
Other (please specify) (can your child have Panadol / Ibuprofen??)			

Please do not allow children to be in possession of any medicine whilst on the trip, with the exception of those using inhalers for asthma on a self-monitoring basis.