

## PERSONAL INFORMATION RECORD

Please fill in the details with dark coloured ink

<b>NAME:</b> Surname: .....		Given/ Preferred Name: .....	
<b>HOME ADDRESS:</b> .....			
Suburb: .....		Postcode: .....	Telephone No: .....
<b>PERSONAL:</b> Date of Birth: .....	Age: .....	Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>
Medicare No: .....	Ancillary Benefits Cover: Yes / No		
eMail Address: .....		Ambulance Ins Number: .....	
Private Health Insurance: .....		Priv Health Ins Number: .....	

**EMERGENCY USE:** Details of the Parents/Guardians where they can be contacted during the activity.

<b>NAME:</b> .....		Relationship: .....	
<b>ADDRESS:</b> .....			
Suburb: .....		Mother's Mobile: .....	Home: .....
Postcode: .....		Father's Mobile: .....	Business: .....
In an emergency, if we cannot contact you, whom else can we contact? Name & Relationship: .....		Phone: .....	

### HEALTH STATEMENT

If the participant suffers from any chronic or recurrent ailment, allergy or physical incapacity, it should be disclosed so that we are aware of the fact.

<b>A</b> Does the participant suffer from any physical or other disabilities?	Yes / No	If yes, please specify: ..... .....
<b>B</b> Does the participant suffer from Asthma?..... Severe / Mild Diabetes?..... Type 1 / Type 2 Epilepsy?..... Severe / Mild Dizzy Spells or Blackouts?..... Migraine Headache?..... Sleep Walking?..... Travel Sickness.....	Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No Yes / No	Explanation/Medication: ..... ..... ..... ..... ..... ..... .....
<b>C</b> Does the participant have any known <b>allergies?</b> ie Penicillin, bee sting, bites, egg, hay fever, other <b>food, drug</b> or other <b>environment</b> related allergy.	Yes / No	If yes, please specify: ..... .....
<b>D</b> Does the participant have any Medications on this activity? ie Injection/tablet/capsule Penicillin, insulin, Ventolin, other drugs	Yes / No	Name of Drug: ..... Dosage: ..... Reason or Cause: ..... How Often Administered: ..... Administered by Whom: .....

**In the case of a Youth Member, please hand the medication – CLEARLY labelled with the child's name & dosage instructions – to the Leader in Charge of the Youth Member**

<b>E</b> Is there <b>any further information</b> you may consider necessary, about which we have not asked above and of which we should be aware (including <b>special dietary requirements</b> )?	Yes / No	If yes, please specify: ..... .....
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<b>F</b> <b>Analgesics:</b> In the event of your child requiring the administration of an analgesic (eg Panadol), do you <b>HEREBY CONSENT</b> to your child being given the recommended child dosage of Paracetamol or Panadol?	Yes / No	If <b>YES</b> , please sign here: .....
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<b>G</b> <b>Details of last Anti-Tetanus injections:</b>	Year of Original Injection		Year of last booster injection	
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I hereby **Authorise** the Leader in Charge of Catholic Parish of Ivanhoe activities for Parish Young people in circumstances where it is not possible or it is impracticable to communicate with me, to seek for my child, such Surgical, Medical or Dental treatment as a qualified Surgeon, Medical or Dental Practitioner may consider to be necessary (including the transfusion of blood) and I hereby **Consent** to such treatment.

**Date:** ..... **Signed:** ..... **(Parent/Guardian)**

*Form to be filled out by participant if over 18 years old, or by Parent/Guardian, taken to the event or handed to the Leader in Charge before you leave...*

**PERSONAL INFORMATION RECORD & HEALTH STATEMENT**

**PRIVACY NOTICE**

Upon participating in an activity of the Young peoples' Group of the Catholic Parish of Ivanhoe you agreed to us collecting personal and sensitive data for the purpose described here. In the case of a youth member, you acknowledge this understanding and agreement in your capacity as the Parent or Guardian of that member. The Catholic Parish of Ivanhoe will not use your personal and sensitive information for any reason that you would not reasonably expect it to be used.

You have certain legislated rights of access to the personal and sensitive information being held in respect of you or your child and you may exercise those rights of access by contacting the Catholic Parish of Ivanhoe on (03) 9488 1515. You can also contact us by email at: catholicparishofivanhoe@bigpond.com.au

I..... acknowledge that I have read this Privacy Notice and I hereby reaffirm my understanding of it and my agreement to the collection of personal and sensitive data for the purpose described in this notice.

**Signature of Participant or Parent/Guardian:** .....**Date:**.....