

Confidential Medical Information & Consent Form for RMIT Students registered to attend a RMIT RUSU Club Camp/Overnight Activity

The Club, Venue and/or activity operators will use this information if you are involved in a medical emergency or require any other type of emergency care. All medical information is held in confidence except as may be needed to be released to ensure medical or other emergency care. This medical form must be up to date at the time of the Camp/Overnight Activity.

Club Name:

Start and End date of camp/overnight activity:

Location of camp/overnight activity:

Your full name:

Your semester home address:

Postcode:

Date of birth:

RMIT Student Number:

Name of person to contact in an emergency (family or friend):

Your Emergency contact's telephone numbers:

After hours:

Business hours:

Name of your personal doctor:

Address of your personal doctor:

Phone number of your personal doctor:

Australian Medicare number (if you have one):

Name of your medical/hospital insurance fund (if you have one) :

Member number:

Do you have Australian Ambulance subscription? Yes No

If YES, what is the subscription number?

Do you have an Australian Health Care Card? Yes No If YES, Card number:

Please tick the relevant box if you suffer any of the following:

- Asthma Blackouts
 Diabetes Dizzy spells Heart condition Migraine
 Sleepwalking Travel sickness Fits of any type

Other: _____

What special care is recommended for this? _____

Allergies

Please tick if you are allergic to any of the following:

Penicillin Other Drugs: _____

Foods: _____

Other allergies: _____

What special care is recommended for these allergies? _____

Year of your last tetanus immunisation: _____

Medication

Are you taking any medicine(s) on the camp? Yes No

If yes, provide the name of medication, dose and describe when and how it is to be taken:

COVID-19 Immunisation status

Are you fully immunised against COVID-19? Yes No

Have you provided RMIT University with a copy of your COVID-19 vaccination certificate? Yes No

If you answered **No** to either of the two preceding questions, please explain why you are not vaccinated/have not provided RMIT with a copy of your certificate

Swimming ability

Please tick the box that most closely describes your swimming ability.

Cannot swim (0m) Weak swimmer (<50m) Fair swimmer (50-100m)

Competent swimmer (100-200m) Strong swimmer (200m+)

Medical treatment and information release consent:

Where required, I authorise the Club's Camp/Activity Leaders or the Staff of the activity Venue or activity providers to:

- Consent to my receiving any medical or surgical attention deemed necessary by a medical practitioner
- Administer such first-aid as judged to be reasonably necessary
- Provide information on this form to a medical or emergency worker if I need assistance
- Notify my emergency contact in the case of a medical or other emergency involving me
- Notify RMIT University Student Union (RUSU) of any serious medical or other emergency incident involving me that may require an emergency response by RUSU or the University

• The information I have provided is correct at the time I completed this form. I will let the Club Camp/Activity Leaders know if any other medical problems or issues develop that they need to know about to ensure appropriate support can be provided to me during the camp/activity.

Your signature _____

Date: