



### MEDICAL DETAILS

Hills Bible Church adheres to the Privacy Act (2000). The information below is requested to assist in case of any illness or accident, and will be held in confidence. Any personal information volunteered will be destroyed at the completion of the camp.

**Please tick if you or your child suffers from any of the following:**

<input type="checkbox"/> Heart condition	<input type="checkbox"/> Sleepwalking	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Migraines
<input type="checkbox"/> Penicillin Allergy	<input type="checkbox"/> Bee Sting Allergy	<input type="checkbox"/> Asthma	
<input type="checkbox"/> Other ( <i>please specify</i> )			

**Current Medications:** (*name of medication, dosage, for whom*)

**Please specify if you have any dietary requirements: (e.g. peanut allergy, coeliac, etc.)**

**Please state if intolerant or anaphylactic.**

### EMERGENCY CONTACT

Name of Emergency Contact (not attending camp):

Relationship:

Phone:

Email address:

### INDEMNITY & AUTHORISATION

I/We authorise the leader in charge of the above mentioned group to arrange for me or any member of my family to receive such first aid, medical/surgical treatment as the leader may deem necessary at any time during the activities of the Hills Bible Church Fellowship Weekend. I/We further authorise the use of ambulance and/or anaesthetic by a qualified medical practitioner if in his/her judgement it is necessary. I accept responsibility for payment of all expenses associated with such treatment.

I/We agree to indemnify and hold harmless Hills Bible Church and Baptist Union of Victoria against all claims, demands, suits and liabilities of whatever nature and howsoever arising out of the injury to an member of my family, and the relevant activity being undertaken. I/We agree to abide by the rules and guidelines of Phillip Island Adventure Resort.

I/We agree to take full responsibility for the safety and whereabouts of our children at all times.

Name:

Signature:

Date: