



St Giles Wilderness Adventure Group

Contact and Medical

Boy's Name

First Name	Surname

Parent's Contact Details

please include details that are different to the **Boy's Contact Details**

Father	Mother
Name:	
Address:	
Suburb:	
Postcode:	
Phone:	
Mobile:	
e-mail:	

Emergency Contact Details

When parents are not contactable

Name:	Phone:
Relationship to child:	Mobile:

Medical Details

Medicare No.: _____

Does your child suffer from any incapacity that SWAG should be aware of:

Hearing Other Details:

Sight

Muscular or Skeletal problems

Does your child have a medical condition that SWAG should be aware of:

Asthma Other Details:

Epilepsy

Diabetes

Fits or Fainting

Does your child have any other condition that SWAG should be aware of:

Allergies Other Details:

Special diet

Diagnosed Behavioral Disorder

Does your child have an up-to-date tetanus booster?: Yes - date: _____ No

Do you allow your child to be given (Panadol) by SWAG leader if considered necessary? Yes No