



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
 Sight
 Muscular or Skeletal problems
 Other
 Details:

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

Asthma
 Epilepsy
 Diabetes
 Fits or Fainting
 Other
 Details:

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

Allergies
 Special diet
 Diagnosed Behavioral Disorder
 Other
 Details:

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