Senior Conference 2011

Registration Form – 11-15 July

Personal Details

Full Name: Date of Birth:

Gender: Male ☐ Female ☐ Round Square Rep. ☐ Staff ☐ Student ☐

School:

Specific dietary requirements eg vegetarian:

Parent guardian details (This person will be the first contact in an emergency and is generally the person with whom the delegate lives.)

Relationship to delegate e.g. Mother, Father, Guardian, Grandparent

Title: Surname: First Name:

Residential Address: Post Code:

Ph: Work Ph: M:

Email:

Parent guardian details (This person will be the second contact in an emergency.)
Relationship to delegate e.g. Mother, Father, Guardian, Grandparent

Title: Surname First Name

Residential Address Post Code

Ph: Work Ph: M:

Email:

It is likely that media coverage of the conference will occur. I give permission for my child's name and/or photograph to be published as part of a media article.

Yes / No

Signature: Date

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Medical Details

Name of Family Doctor/Specialist: Ph:

Medicare No: Ref No: Exp date:

Private medical cover: **Yes / No**

Name of private medical company:: Membership number:

Ancilliary/extras cover: **Yes / No**

Choice of hospital treatment: Public / Private

Ambulance cover: **Yes / No**

Do you have, or have you had any of the following... (Please mark with **Y** or **N**)

[ ] Fainting spells or dizziness	[ ] Loss of consciousness
[ ] Heart Disease or heart attack or angina	[ ] Chronic or frequent cough
[ ] Stomach trouble or ulcers	[ ] Anemia or Haemophilia
[ ] Appendicitis	[ ] Skin disease
[ ] Concussion or head injury	[ ] Arthritis or rheumatism
[ ] Breathing disorder	[ ] Dislocation/s
[ ] Asthma	[ ] Bee / wasp sting reaction
[ ] Diabetes	[ ] A.D.D.
[ ] Epilepsy (Please clarify)	[ ] Ear disorder
[ ] Infectious diseases eg measales, hepatitus	[ ] Serious health incidents
[ ] Hospitalisation	[ ] Other

When was the last episode / occurance?

If so, when did this occur, what treatment were/are you given and what medication do you require?

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Consent to Medical Attention/Ambulance Service

I hereby authorise the Conference staff (in an emergency or in the event of inability for any reason to contact a parent) to arrange any medical treatment (including an operation and the giving of any anaesthetic) which in the opinion of the doctor consulted is required for my child.

In the case of the delegate, in the event of illness, staff will take the delegate to the Emergency Department of the nearest hospital.

In an emergency, I give permission for the Conference staff to call an Ambulance.

While the Conference staff will endeavour to provide medical assistance to sick or injured delegates, parents are reminded that the School is not a health care provider.

Parent/Guardian Name:

Signature of Parent/Guardian: Date:

Polo Shirt Size

Please indicate your size on the appropriate table below for the conference polo shirt.

Ladies	8	10	12	14	16	18	20	22	24
Half Chest (Cm)	48	50	52.5	54.5	57	60	63	66	68

Mens	S	M	L	XL	2XL	3XL	5XL
Half Chest (Cm)	52	55	58	62	65	71	79

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Consent to Participate

During the Conference delegates will be travelling by public transport, bus (hire) and school mini bus between the airport and the school grounds, and to participate in Conference activities.

Throughout the Conference delegates will be participating in activities such as those listed below, as well as general physical games and activities offered as options whilst at camp.

Games and exercises
Water activities - pool based
Scavenger hunt in the city

Please advise if your son/daughter has any injuries or conditions that may prevent them from fully participating in any of the activities listed:

I give permission for (Delegate Name): ________________________________

to participate in the activities listed and to participate in general conference activities.

Parent/Guardian Name:

Signature of Parent/Guardian: Date:

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Asthma, Allergies and Medication

Asthma Yes / No

(Please note that an Asthma Action Plan, signed by the student's Medical Practitioner, must be attached if asthma is severe)

Symptoms:

Triggers:

Usual asthma management - in a case of an asthma attack, the School will follow the Action Plan below unless a different, specific Action Plan, signed by the child's Medical Practitioner, has been provided to the School. Please tick one option of the two provided.

Standard action Plan:

Step 1 – the student will be sat upright, supervised and provided with reassurance.
Step 2 – the student will administer four puffs of their reliever puffer (Airomir, Asmol, Cricanyl or Ventolin), one puff at a time, with four breaths between each puff, preferably through a spacer device.
Step 3 – After a further four minutes if there is no improvement, Steps 1 and 2 will be repeated. If there is still no improvement an ambulance will be called immediately (Dial 000), repeating Steps 2 and 3 while waiting for the ambulance.

Specific Action Plan:
My child has a different Asthma Action Plan attached, which has been endorsed with a Medical Practitioner's signature.

Jubilee Westminster School 50 1961-2011

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Asthma, Allergies and Medication (Continued)

Allergies and other significant medical conditions: **Yes / No**

This includes potentially life threatening conditions (eg diabetes) and those which may cause a student to go into anaphylactic shock (eg extreme food allergies, reaction to bee stings, reaction to tetanus antitoxin):

Name of allergy, or condition, with details:

Symptoms:

Triggers:

Medication:

Please note that **all** medication is to be given to the staff member from the delegate's school. The staff member will ensure that the correct dose of medication is taken at the correct time and in the correct manner.

Name of medication	Method of delivery	Times taken and dose

My child carries an epipen to manage their condition: Yes No

Please note that delegates who are advised to carry an epipen, or other necessary medication for a potentially life threatening condition by their Medical Practitioner are responsible, along with their school staff member for carrying their own epipen or medication with them.

I have attached additional notes on a separate page relating to the management of my child's condition:
Yes / No
Parent/Guardian Name: