

HYPA Medical Information Form

| Client Details | |
|-------------------|--------------|
| First Name/s: | Surname: |
| Address: | |
| Telephone Number: | Mobile: |
| Date of birth: | Age (years): |

| Program Details | |
|-----------------------------------|------|
| Program Name: | |
| Timeline of participation: (from) | (to) |

Emergency Contact Details:

Please provide details of someone who you would like HYPA to contact if you were involved in an emergency situation (e.g. accident, sudden illness)

| Name: | |
|---------------|---------|
| Relationship: | |
| Telephone: | Mobile: |
| Address: | |

Case Manager Contact Details:

(If applicable)

| Name: | |
|---------|---------|
| Agency: | |
| Phone: | Mobile: |
| Email: | |

Health and Medical Information:

| | |
|---|-------|
| Current Medicare number: | |
| Do you have private medical insurance? | Y / N |
| Do you have ambulance cover? | Y / N |
| Do you have asthma? If yes, please explain the treatment: | Y / N |
| Do you have diabetes? If yes, please explain the treatment: | Y / N |
| Do you have epilepsy? If yes, please explain the treatment: | Y / N |
| Are you allergic to anything? (e.g. food or medicine) If yes... What are you allergic to: What is your reaction: | Y/N |
| Do you have any mental health concerns? If yes, please explain: | Y / N |
| Do you have an infectious disease? (e.g. hepatitis, HIV) If yes, please provide detail: | Y / N |
| Do you take any medication? If yes, please explain what you take and when: | Y / N |
| Do you have any injuries? If so, please provide further information: | Y / N |
| Do you have any other medical or health conditions that may affect your participation? If yes, please explain: | Y / N |

Participant Declaration

I give permission for HYPA to collect the information detailed on this form, to contact the people listed on this form in case of emergency and to provide information about my health and medical treatment to other persons in the case of an emergency.

Participant’s signature: _____ Date: / /

Guardian/Parent Declaration

- I give permission for _____ to participate in the above mentioned HYPA programs during the dates provided.
- I give permission for HYPA to obtain medical treatment for him/her should he/she be injured or become unwell (including calling an ambulance).
- I understand that HYPA holds appropriate accident and liability insurance and that all due care will be taken to ensure the safety of participants while attending a HYPA program.

Guardian/Parent signature: _____ Date: / /

Guardian/Parent Name: _____

If you are unable to gain Parent/Guardian signature you may obtain verbal consent:

| | |
|---------------------------|-------|
| Parent/Guardian name: | |
| Verbal consent gained by: | |
| Agency: | |
| Signature: | Date: |

HYPA (SYC) collects personal or sensitive information about you in order to provide SYC’s services. SYC may need to disclose your personal or sensitive information to other agencies in order to provide the services you have requested but will only disclose that information which is necessary to provide that service. By completing this form you agree to SYC using or disclosing your information where necessary. You may also remain anonymous, however SYC may be unable to provide the services you are requesting if you do not provided us with your personal or sensitive information. All personal and sensitive information collected by SYC is protected under the Privacy Act(1988) and the Australian Privacy Principles. SYC will not disclose your personal or sensitive information without your consent. Refer to SYC’s Privacy Policy for further information.

SYC follows the South Australian Government Information Sharing Guidelines to Promote the Safety and Wellbeing of Children, Young People and their Families (ISG) and other State government Information Sharing Guidelines.

This means that SYC will work closely with other agencies to coordinate the best support for young people and their families. Under the ISG a young person’s informed consent for the sharing of information will be sought and respected in all situations unless:

- *it is unsafe or impossible to gain consent or consent has been refused and*
- *without information being shared, it is anticipated a child, young person or a member of their family will be at risk of serious harm, abuse or neglect, or pose a risk to their own or public safety.*