



Z-PAC Theatre Inc.

YOUTH MEMBER MEDICAL HISTORY AND AUTHORISATION

STUDENT'S FULL NAME:

My son / daughter has had the following immunisations:

Triple Antigen: Yes / No

Sabin: Yes / No

Measles / Mumps: Yes / No

Date of last anti-tetanus injection: _____

My son / daughter is known to be allergic to: _____

My son / daughter suffers from asthma: Yes / No Medication available: _____

Is your son / daughter currently taking medication? If so, give details. _____

Is your son / daughter suffering from an injury or condition which should be recognised? Yes / No

If so, give details: _____

Any relevant medical history: _____

MEDICAL INFORMATION

If YES give details:

Heart Problems	Yes / No	
Respiratory Problems	Yes / No	
Allergies	Yes / No	
Travel Sickness	Yes / No	
Blood Pressure	Yes / No	
Operations	Yes / No	
Epilepsy	Yes / No	
Recent Illness	Yes / No	
Drugs required	Yes / No	
Drug reactions (e.g. Penicillin Allergy)	Yes / No	
Others	Yes / No	
Phobias	Yes / No	

MEDICAL INSURANCE DETAILS:

Has your son / daughter been issued with his / her own Medicare Card? Yes / No

If "No", Medicare card holder's name (*first name on card*):

Medicare Membership Number: _____

Expiry Date: _____

Detail any additional health benefits (e.g. private hospital, ancillary, dental, etc) _____

Additional health insurance company and membership number: _____

Does your son / daughter have a personal accident insurance cover against accident injury for competitions and associated activities (training, travel, etc) Yes / No

*Parent/Guardian Name (Please Print)**Parent/Guardian Signature**Date***Home Phone Number:** _____**Mobile Phone Number:** _____**Work Phone Number:** _____**Alternate Emergency Contact Phone Number:** _____