



The Girls' Brigade Australia Inc.

GIRLS MEMBERSHIP INFORMATION

WOODVALE COMPANY



If circumstances change, it is your responsibility to advise the local Girls' Brigade Company of full details. This information may be used by Leaders only in Company each week and also on any camps and outings that form part of Girls' Brigade. GBWA also requires membership information to be held on CareMonkey. You will receive an email so you can register your daughter as a member.

This form is to be completed by parents of girls under the age of 18. All girls 18 and over must complete the adult form.

Girl's Name		Date of Birth	
Address		Postcode	
Telephone		School Year	
Family Email			
School			
Church (if any)			

Parents Details			
Girl lives with	Both Parents [] Mother [] Father [] Other [] If other, please specify:		
Are there access restrictions?	Yes [] No [] If yes, please attach restriction information		
Mother/Guardian Name		Father/Guardian Name	
Address (if different from above)		Address (if different from above)	
Home Phone (if different from above)		Home Phone (if different from above)	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Email Address			

Emergency Contact Details			
In the event that parents/legal guardian cannot be contacted we must have the following information. This section MUST be completed. Contact should be someone OUTSIDE the family home as in the first instance the home phone and parent mobile will be contacted.			
Person 1			
Name			
Home Phone		Mobile Phone	
Work Phone		Relationship to girl	
Person 2			
Name			
Home Phone		Mobile Phone	
Work Phone		Relationship to girl	

Medical Contact Details			
Doctor			
Name			
Address			
Work Phone		Mobile Phone	
Dentist			
Name			
Address			
Work Phone		Mobile Phone	
Specialist (please enter this information if you think it is appropriate for us to know)			
Name			
Address			
Work Phone		Mobile Phone	

Emergency Information	
Blood Type	
Do you object to transfusions	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wears Glasses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Wears Contact Lenses	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medicare Number	
Girl's position on Medicare card	
Medicare Expiry Date	
Ambulance Cover	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, skip next two rows)
Ambulance Cover held with	
Membership Number	
Private Health Insurance	Yes <input type="checkbox"/> No <input type="checkbox"/> (if no, skip next two rows)
Name of Private Medical Fund	
Membership Number	
Permission to have paracetamol	Yes <input type="checkbox"/> No <input type="checkbox"/>
Swimming Ability	Cannot Swim <input type="checkbox"/> Weak Swimmer (<50m) <input type="checkbox"/> Fair Swimmer (50-100m) <input type="checkbox"/> Competent Swimmer (100m-200m) <input type="checkbox"/> Strong Swimmer (>200m) <input type="checkbox"/>
Last tetanus immunisation date	

Medical Conditions	
In order to properly care for your daughter, full details must be disclosed.	
Allergies (anaphylactic)	Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, please answer the following questions) Risk Level: High <input type="checkbox"/> Moderate <input type="checkbox"/> Low <input type="checkbox"/> Description: An Epipen/Anapen is provided for this condition: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, expiry date: Medication required: Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, dosage and instructions: Please attach approved care instructions for this condition

Medical Conditions continued

Allergies (non-anaphylactic)	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>																				
Anorexia/Eating disorders	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>																				
Asthma	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Care Instructions and Symptoms:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Asthma triggers:</p> <table border="0"> <tr><td>Cold/Flu</td><td>[]</td></tr> <tr><td>Exercise</td><td>[]</td></tr> <tr><td>Smoke</td><td>[]</td></tr> <tr><td>Pollens/Dust</td><td>[]</td></tr> <tr><td>Other (please specify)</td><td>[]</td></tr> </table> <p>Signs Asthma is getting worse:</p> <table border="0"> <tr><td>Wheeze</td><td>[]</td></tr> <tr><td>Tight Chest</td><td>[]</td></tr> <tr><td>Cough</td><td>[]</td></tr> <tr><td>Shortness of Breath</td><td>[]</td></tr> <tr><td>Other (please specify)</td><td>[]</td></tr> </table> <p>Hospitalised with asthma in past 12 months: Yes [] No []</p> <p>Please attach approved care instructions for this condition</p>	Cold/Flu	[]	Exercise	[]	Smoke	[]	Pollens/Dust	[]	Other (please specify)	[]	Wheeze	[]	Tight Chest	[]	Cough	[]	Shortness of Breath	[]	Other (please specify)	[]
Cold/Flu	[]																				
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Wheeze	[]																				
Tight Chest	[]																				
Cough	[]																				
Shortness of Breath	[]																				
Other (please specify)	[]																				
Blackouts/Dizziness/Fainting	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>																				

Medical Conditions continued

Bleeding Disorder	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Diabetes	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Dietary Requirements	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Eczema/Skin Condition	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Epilepsy/Seizures	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Hearing Impairment	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Please attach approved care instructions for this condition</p>

Medical Conditions continued

Heart Condition	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Joint/Muscle/Bone Problems	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Mental Health Issue	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Migraines	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Phobia	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>
Sleep Walking	<p>Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:</p> <p>Medication required: Yes [] No [] If yes, dosage and instructions:</p> <p>Please attach approved care instructions for this condition</p>

Medical Conditions continued

Sight Impairment	Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description:
Travel Sickness	Yes [] No [] (If yes, please answer the following questions) Risk Level: High [] Moderate [] Low [] Description: Medication required: Yes [] No [] If yes, dosage and instructions: Please attach approved care instructions for this condition

Other Conditions/Disabilities

Please add any other medical conditions or disabilities that affect your daughter and her time in Girls' Brigade each week or on outings.

In order to properly care for your daughter, full details must be disclosed.

If more space is required, please attach a blank page

Condition/Disability Name:	Risk Level: High [] Moderate [] Low [] Description: Medication required: Yes [] No [] If yes, dosage and instructions: Please attach approved care instructions for this condition
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Condition/Disability Name:	Risk Level: High [] Moderate [] Low [] Description: Medication required: Yes [] No [] If yes, dosage and instructions: Please attach approved care instructions for this condition

Publicity Permissions

Do you give permission for the Girls' Brigade to use any photos/digital media taken by us, which may identify your daughter/ward to be used on :

Noticeboards	Yes []	No []
Promotional material	Yes []	No []
Websites and social media.	Yes []	No []
For use in Company only	Yes []	No []

CONSENT

I, _____ give permission for my daughter/ward to be a member of
Parent/Guardian (FULL NAME)

The Girls' Brigade Australia.

- * I understand that separate permission will always be sought for participation in offsite activities.
- * I have supplied full health and dietary information and provided details of emergency contacts.
- * I authorize the person in charge, to consent to medical or surgical treatment as may be deemed necessary for my daughter/ward where it is impracticable for prior communication with either parent and/or the emergency contacts. I understand that I may be responsible for any costs for such treatment. I agree to be responsible and financially liable for the transport of my daughter/ward to my home or suitable location should this be warranted through medical emergency. I agree that the details provided are accurate to the best of my ability and I authorize the carers to rely on this information whilst my daughter/ward is in their care.

SIGNED: _____ DATE: _____

The Girls' Brigade Australia collects personal information including sensitive information within the terms of the National Privacy Policy under the Privacy Act. The purpose of collecting this information is to discharge our duty of care and to enable us to contact you in the event of an emergency.

We will not disclose your personal information to third parties for marketing purposes.