



ABN 21 849 701 767  
Incorporation No. A0000388K  
Registered as a deductible gift recipient.

# Collection of Medical Information by Patrol Captains

## 1 Revision Control Table

Revision Date	Author	Author's Position	Status	Approval
10/11/2005	DCU	Lifesaving Services Manager	Draft	Unapproved
30/11/2005	DCU	Lifesaving Services Manager	Final	Sub-Committee only
04/12/2005	DCU	Lifesaving Services Manager	Final	Executive

## 2 Scope

- (1) This policy applies to activities taking place within the Lifesaving Services division of the Jan Juc Surf Lifesaving Club Inc.

## 3 Policy Statement

- (2) It is the policy of the Club Patrol Captains to have access to relevant medical information for the members of their patrol for use in emergency situations. Any information so collected shall be kept confidential and shall only be used where an active member requires emergency medical treatment whilst undertaking patrol or patrol related activities.

## 4 Implementation

- (3) At the start of each patrolling season each Patrol Captain shall be given a copy of this Policy document and sufficient copies of the Medical Information Form (**Form**) which is attached to this Policy Statement.
- (4) Over the course of the first two rostered patrols in each season each Patrol Captain shall ensure that every consenting member of her or his patrol completes a Form.
- (5) In the course of completing the Form the Patrol Captain shall inform the member of his or her patrol that the information is being collected for emergency use only and shall be kept confidential.
- (6) Completed Forms shall be stored by the Patrol Captain in a secure location and shall be brought to each patrol.

- (7) As part of the Patrol Efficiency Competition representatives of the Lifesaving Services Sub-Committee may check to ensure that the Forms are completed and available to the Patrol Captain.
- (8) In circumstances where a Patrol Captain cannot attend a rostered patrol he or she shall ensure that the completed Forms are available to the substitute Patrol Captain. Such arrangements shall have regard to the confidential nature of the information contained in the Forms.

## 5 Authorisation

- (9) This policy has been authorised by—

\_\_\_\_\_  
President/Secretary

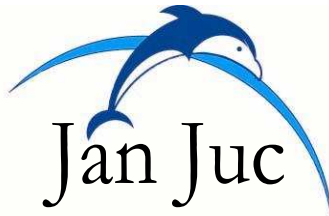
\_\_\_\_\_  
Date

\_\_\_\_\_  
Division Manager

\_\_\_\_\_  
Date

## 6 Review Schedule

- (10) This policy document shall be reviewed on or before 1 May 2006.



**Jan Juc**  
Surf Life Saving  
Club Inc.

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## Jan Juc SLSC Medical Form

### 1 Personal Details

Name	
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### 2 Emergency Contact Details

Name			
Address			
Relationship			
Phone	(h)	(m)	
Family Doctor		Blood Type (if known)	

### 3 Allergies

List any known Allergies (food and medicines)

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### 4 Relevant Medical History

Any recent injuries that may prohibit physical activity?

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Any recent operations that may inhibit physical activity?

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Any medical ailment (such as asthma) that needs medication?

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In the event of an accident or emergency I authorise the Patrol Captain or his or her representative to take all reasonable steps to obtain informed (or, in the case of an under 18 parental) consent. If such consent is unobtainable I authorise the Training Officer in Charge to obtain any necessary medical assistance or treatment. For this purpose I authorise the Patrol Captain or his or her representative to engage any doctors, nursing assistance or hospital facilities or accommodation. I agree to pay all such doctors', nurses', or hospital expenses incurred.

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Signed

Date

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Signed (Parent/Guardian) (if under 18)

Date