

OFFICE USE ONLY
Date Received _____
Bv (Name) _____

Medical Register

(Injuries, Illness, Near-miss & First aid)



This form must be filled out and given to the Ranger when a camper has a near-miss or requires any Medical Intervention (first aid, doctor, ambulance, etc)

Privacy Act: Rowallan Recreation & Adventure Camp gives assurance that any personal information including medical details gathered by the campsite will remain confidential and will only be used for the purposes for which it was collected.

Particulars of camper

Name: _____			
Address: _____			
Age: _____	Date of birth: ____/____/____	Male / Female	

Details of Incident (Injuries, Illness, Near-miss & First aid)

Date of Incident ____/____/____	Time _____am/pm
Place where incident occurred _____	
Activity in which camper was engaged at time of incident _____	
Cause of incident _____	
Nature of incident _____	
Part of body injured _____	
First-aid treatment administered _____	
Preventative action proposed or taken _____	
Comments _____	

Name of medical service engaged _____
Name of group or organisation _____
Name of person in charge _____ Signature _____