



**Sir Peter Blake Marine Education and Recreation Centre**  
 1045 Beach Rd, Long Bay, North Shore City 0630  
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## Student Medical Form

Group Name:	
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Student's Full Name:			
Address:			
Phone:			
Age:		Date of Birth:	
Emergency Contact (name & number)			
Family Doctor (name & number)			

**Medical History** (please answer all questions & provide additional details where appropriate)

Does your child require any regular medication? **Yes / No**

Details: .....

Does your child have any illness such as diabetes, heart problems, asthma or epilepsy? **Yes / No**

Details: .....

Does your child have any medical concerns that may affect participation in activities i.e. back problems, injuries or concerns regarding water, height, open spaces, darkness? **Yes / No**

Details: .....

Has your child had a full programme of tetanus injections? **Yes / No**

Has your child had flu within the last two weeks? **Yes / No**

Has your child had any recent ear problems? **Yes / No**

Is your child allergic to any substances? **Yes / No**

Is your child allergic to bee stings? **Yes / No**

Can your child swim? **Yes / No**

Is your child confident in deep water? **Yes / No**

Does your child have physical or intellectual disability? **Yes / No**

I approve of my child attending MERC and they are able to participate in all presented activities. In the event of an accident or illness, I authorize MERC to obtain any such medical assistance as considered appropriate by MERC staff. MERC staff will provide full safety briefings to all participants. It is the responsibility of participants to follow these instructions to minimize risk of injury.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_