



ជីវិតដ៏ថ្លៃថ្នូរ
LIFE WITH DIGNITY

Universal Village Program

Cambodia

Student Medical and Legal Consent Forms for all Participants Under 18 years

Please find in this document:

1. Medical forms (3 pages **compulsory** for all participants)
2. Asthma Management Information form (only complete if relevant)
3. Allergy Reaction Management Form (only complete if relevant)
4. Consent Form – Parent / Care Giver (**compulsory** for parents / care givers to complete for each participant under 18 years)
5. Consent Form – Student (**compulsory** for each student to complete)

Deadline for return of forms: 6 weeks before travel

Please return* completed forms via email to:

leng Kimsrien (LWD Cambodia)
uvp@lwd.org.kh

*If you are travelling in a group, we ask you to keep a copy of the forms, and send them via e-mail all together.

*If you are travelling individually, please keep a copy, scan and e-mail to LWD.

Medical Forms



Name of Child: _____

Date of Birth: _____ Gender: Male Female

Address: _____ Postcode: _____

Next of Kin Name: _____ Relationship: _____

Home Telephone No: _____ Business Telephone No: _____

Mobile Telephone No: _____ Email Contact: _____

Second Emergency Contact Name: _____ Telephone No: _____

(not parent named as next of kin)

Family Doctor - Name: _____ Telephone No: _____

Address: _____ Postcode: _____

Medicare No: _____ Expiry Date: _____ Reference No
Beside Name: _____

Private Health Insurance (if applicable): Yes No

Name of Fund: _____ Membership No: _____

The following may prove useful for Staff in the event of a medical emergency or in determining a participant's fitness for a given activity.

Does the participant suffer from: (please tick)

- | | | | |
|---|---------------------------------------|---|--|
| <input type="checkbox"/> Allergy | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Panic attacks |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Recent or recurrent illness |
| <input type="checkbox"/> Bed wetting | <input type="checkbox"/> Disability | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Sleepwalking |
| <input type="checkbox"/> Behavioural or emotional disorders | <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Migraine | <input type="checkbox"/> Travel sickness |

Please attach specific details for any items ticked with the normal treatment for each condition explained.

Any other physical limitations or medical conditions which may be relevant to participation in this tour: (where necessary attach specific details and treatment).

Name of Child: _____

Allergies:

(please tick)

Has the participant ever taken analgesics? (Paracetamol, Aspirin) Yes No

Was there an allergic reaction to these? Yes No

Is permission given for the administration of analgesics during the tour? Yes No

Any known allergies to:

Penicillin

Other drugs – please specify: _____

Food

Plants

Animals

Any other known allergies – please specify: _____

What special care is recommended: _____

Any dietary needs: _____

Asthma and allergy sufferers only – please fill out and attach separate forms

Asthma Form attached Yes No

Allergy Form attached Yes No

Immunisations:

Immunisation	Date (Year if exact date not known)	Immunisation	Date (Year if exact date not known)
Hepatitis A*		Typhoid*	
Hepatitis B*		Tetanus*	
Cholera		Polio	
Japanese Encephalitis		Measles, Mumps, Rubella	
Rabies			

*Compulsory fields

Blood Type: _____ (only if known)

Name of Child: _____

Medication:

Is your child on medication? What medication will your child be taking while overseas? Please give details of dosage and required dosage in emergencies.
If your child will be on anti-malaria medication, it must be listed here.

Name of Medication	Strength	Dosage	Frequency

Travel Insurance:

Travel Insurance Company: _____

Travel Insurance Number: _____

Asthma Management Information Form

(Only complete if relevant)



Name of Child: _____

This form must be completed by the child's parent/care giver if the child is a known asthma sufferer. This information is of vital importance in the event of an asthma attack as it will assist in the speedy provision of correct treatment.

(Please tick the relevant answer)

1. Is preventative medication used regularly? Yes No

If Yes, which one(s) and dosage? _____

2. Has a medical maintenance program been worked out with the asthmatic's doctor in order to reduce the frequency/severity of attacks? Yes No

If Yes, what is the normal maintenance program followed by the asthmatic? _____

3. Is the asthmatic on any reliever medications? Yes No

If Yes, which one(s) and dosage? _____

4. What is the medication and treatment to be used during an attack? Please make sure that this medication and a current script is packed for the student for the tour.

5. Does the asthmatic always carry his/her medication(s) with them? Yes No

6. Does the asthmatic own/use a Peak Flow Meter? Yes No

If Yes, what would indicate that he/she would require:

a) medication _____

b) attention _____

7. List any known asthmatic trigger factor(s) experienced by the asthmatic:

8. Has the asthmatic been admitted to hospital due to asthma in the last twelve (12) months? Yes No

9. Does the asthmatic suffer sudden asthma attacks requiring hospitalisation? Yes No

I understand that my son's/daughter's involvement in this Tour may mean that he or she is remote from immediate help (from half an hour to a full day dependent on the program). In consultation with my son's/daughter's medical practitioner, I have provided enough written information to deal appropriately with an asthma 'attack'.

Extra information is attached: Yes No

Name of Parent/Care Giver: _____

Parent/Care Giver
Signature: _____

Date: _____

Allergy Reaction Management Form

(Only complete if relevant)



Name of Child: _____

Please complete this form if your child has ever suffered an allergic reaction to:

- | | |
|--|--|
| <input type="checkbox"/> Insect bites | <input type="checkbox"/> Detergents or cleaning agents |
| <input type="checkbox"/> Toxins (e.g. spider, snake bites) | <input type="checkbox"/> Plant pollens |
| <input type="checkbox"/> Food groups or additives | <input type="checkbox"/> Any other triggers |

1. What is the child specifically allergic to?

2. What are the signs and symptoms of the child's reaction?

3. Has the child at any time suffered from:

- A localised reaction (any rash, itching, swelling at the site the poison has entered)
- A systemic reaction (any rash, itching, swelling away from the site the poison has entered)
- An anaphylactic reaction (severe breathing problems, swelling of the body, emergency situation)

4. What medication does the child take (if any) for prevention against an allergic reaction? All medication (and current script) for the treatment of this reaction must be brought on the tour by the child and be noted on the medical form.

5. What treatment is followed for the child if an allergic reaction occurs?

6. Five Vital Questions:

- | | | | | | |
|-----|--|-----|--------------------------|----|--------------------------|
| 6.1 | Does the child suffer a systemic reaction to his/her allergy? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.2 | Does the child suffer an anaphylactic reaction to his/her allergy? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.3 | Is there a family history of anaphylaxis? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.4 | Has the child ever been hospitalised due to an allergic reaction? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.5 | Is adrenaline (e.g. adrenaline injection, medi-epihaler, epi-pen) administered to the child when he/she suffers from an allergic reaction? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |

If Yes has been answered to any one of the Five Vital Questions, please read and sign below.

I understand that my son's/daughter's involvement in this Tour may mean that he or she is remote from immediate medical help. In consultation with the child's medical practitioner I have provided enough written information to deal appropriately with an allergic condition.

Extra information is attached: Yes No

Name of Parent/Care Giver: _____

Parent/Care Giver

Signature: _____ Date: _____

Consent Form – Parent / Care Giver

(Compulsory for parent/care giver of participant under 18 years of age)



All prescribed medication (except asthma puffers, malaria tablets and contraceptive pills) must be handed to the staff member in charge of First Aid on the tour. Such medication must be in the original labelled pharmacy bottle with “use by” date, directions and must be accompanied by written instructions including name, dosage and times to be taken.

Tour staff are trained to administer, in emergencies, a very limited range of medication. The protocols are strict and are designed to save lives.

If there are any complex medical conditions, parents / care givers are asked to speak to the Tour Leader well before travel.

1. I/we agree to my child participating in the tour.
2. I/we agree that my child shall be subject to the control of the staff members accompanying the group.
3. I/we authorise that the Tour Coordinator, where it is impracticable to communicate with me, consent to my child receiving such medical or surgical treatment as may be deemed necessary. I/we accept all operations, blood transfusions and/or anaesthetic risks involved and this intervention would only be used as a last resort to save my child’s life.
4. Furthermore, I/we agree to meet any medical or hospital expenses that may be incurred during the tour on account of my child’s possible injury or illness. (Knowing that my child has full travel insurance, and will be able to make a claim at a later date.)
5. I/we authorise the tour staff to take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually on the tour.
6. Should any act of misconduct on my child’s behalf give serious cause for concern, I/we authorise the Tour Coordinator to arrange for my child’s immediate return to home, after notifying me of this fact, and agree to pay any additional expenses which may result.
7. I/we have read the Australian Government travel warning for Cambodia, and while I/we understand that LWD staff will do all they can to keep my child safe, it is ultimately my/our decision to allow my/our child to travel to Cambodia.
8. I/we have fully completed all medical information and have attached any further specific details as required.

Name/s of Parent/s/Care Giver/s: _____

Parent/s /Care Giver/s
Signature/s: _____ Date: _____

_____ Date: _____

Consent Form – Student (Compulsory for all student team members)



1. I agree that I am participating in this Universal Village Program Tour wanting to learn more about the work of Life with Dignity working in Cambodia. I want to learn about the real issues facing the people, and the difficulties associated with development in the country.
2. I understand that at times living conditions may be basic, and am willing to experience this in order to have a better understanding of what life is like in Cambodia.
3. I will endeavour to do all I can to encourage all people in continuing down the path of sustainable development practices as appropriate to their culture and resource availability.
4. I have read the Government travel warning for Cambodia, and while I know that LWD staff will do all they can to keep me safe, it is ultimately my decision to travel to Cambodia, and I will take responsibility for my safety. I will follow the direction of teaching staff and LWD staff at all times.
5. I will endeavour to do all I can to make this trip worthwhile in terms of meeting these goals. I will act in a way that develops a spirit of 'team' amongst the group from, and show courtesy and respect at all times to the people of Cambodia.
6. I understand that I am explicitly forbidden to possess or use alcohol, tobacco and other dangerous or illegal substances at any time whilst I am on the tour. I understand that if there is any evidence of being affected by their use (e.g. smell on breath, abnormal or uncontrolled behaviour), I will be treated as having used the substance.
7. I understand that I am subject to the direction, control and discipline of staff while on the tour. I am expected to comply fully and willingly with all rules governing such matters as courtesy (particularly with regard to hosts and the general public), dress and grooming, punctuality, and use of appropriate language, appropriate behaviour and obedience to tour staff. I am to respect the rights, dignity and worth of every person regardless of their age, gender, ability, cultural backgrounds or religion.
8. In all circumstances, behaviour that is not in accord with the LWD's expectations will be unacceptable and will be met with appropriate disciplinary action by touring staff. I understand that in serious circumstances this includes students being sent home at parents' expense and upon return from the tour, students may face further disciplinary action. Sanctions will be determined on a case by case basis.

Name of Student: _____

Student
Signature: _____

Date: _____

Collection Notice:

1. LWD collects personal information, including sensitive information in order to provide the best possible care to you while on the Universal Village Program Tour.
2. The information sought on this form includes sensitive health information, which is necessary to satisfy LWDS's legal obligations, particularly to enable Travel Insurer's to discharge its duty of care.
3. Certain laws governing or relating to the operation of LWD require that certain information be collected.
4. LWD has in place steps to protect the personal information it holds from misuse, loss, unauthorised access, modification or disclosure by use of various methods including locked storage of paper records and pass-worded access rights to computerised records.
5. If you would like further information about the way LWD manages the personal information it collects and holds, please contact the Human Resource and Administration Director, Mr Chhuon Vuthy (vuthy@lwd.org.kh)
6. Medical information collected for the purpose of the Universal Village Program Tour will be seen by the coordinator, Ieng Kimsrien, and the teaching staff on the tour, as applicable.
7. A copy of all files may also be left with LWD staff in Phnom Pehn, and only accessed in an emergency. Where necessary, doctors or medical staff would also be given access to medical information.
8. A copy of all files will also be left with individual schools for their files (as applicable).
9. At the conclusion of the tour, all copies of personal information will be destroyed, with the originals being kept on file for a seven-year period.