



**ជីវិតដ៏ថ្លៃថ្នូរ**  
LIFE WITH DIGNITY

# Universal Village Program

## Cambodia

### Adult (18 years and over) Medical and Consent Forms

**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 – Accompanying Staff (**compulsory** for all accompanying staff)

**Deadline for return of forms: 6 weeks before travel**

Please return\* completed forms via email to:

leng Kimsrien (LWD Cambodia)

[uvp@lwd.org.kh](mailto: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.

# Medical Forms



Name: \_\_\_\_\_

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 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).

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Name: \_\_\_\_\_

**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  Food  
 Animals  Plants

Other drugs – please specify: \_\_\_\_\_

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: \_\_\_\_\_

This form must be completed if the participant 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 involvement in this Tour may mean that I am remote from immediate help (from half an hour to ½ a day, dependent on the program). In consultation with my medical practitioner, I have provided enough written information to deal appropriately with an asthma 'attack'.

Extra information is attached: Yes  No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Allergy Reaction Management Form

(Only complete if relevant)



Name: \_\_\_\_\_

Please complete this form if you have 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 are you specifically allergic to?

\_\_\_\_\_  
\_\_\_\_\_

2. What are the signs and symptoms of the reaction?

\_\_\_\_\_  
\_\_\_\_\_

3. Have you 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 do you 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 and be noted on the medical form.

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

6. Five Vital Questions:

- |   |     |                          |    |                          |
|---|-----|--------------------------|----|--------------------------|
| 6.1 Do you suffer a systemic reaction to his/her allergy?   | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> |
| 6.2 Do you 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 Have you 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 when you suffer 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 involvement in this Tour may mean that I am remote from immediate medical help. In consultation with a medical practitioner I have provided enough written information to deal appropriately with an allergic condition.

Extra information is attached: Yes  No

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Legal Consent Form – Adults



I agree that I am participating in this Universal Village Program Tour wanting to learn more about the work of Life With Dignity in Cambodia. I want to learn about the real issues facing the people, and the difficulties associated with development in the country.

I will do all that I can learn about development and the Cambodian culture. I will aim to challenge myself in my pre-conceived ideas to consider some very complex and challenging issues facing our world.

I agree to the following expectations on the tour:

1. No tobacco or illicit substance will be brought to or consumed on the trip.
2. One glass of alcohol per day may be consumed if it is deemed culturally appropriate (e.g. offered by a Cambodian part of a meal).
3. Professional standards of modest dress and appropriate language are a given.
4. Privacy of each person will be respected.
5. I understand that I will not go into any accommodation of a member of the opposite sex.
6. I agree to fully comply with the Child Protection Code of Conduct at all times.
7. I agree to fully comply with the rules around photography at all times, and ensure that students are making every effort to meet the rules.
8. I understand I am required to read the risk management details and do what I can to keep myself safe from harm.

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.

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.

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 LWD staff at all times, and if there is any doubt about safety, will refrain from participating in an event.

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, and show courtesy and respect at all times to the people of Cambodia.

I understand that I am subject to the direction of tour leader 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 and students. I am to respect the rights, dignity and worth of every person regardless of their age, gender, ability, cultural backgrounds or religion.

I have fully completed all medical information and have attached any further specific details as required.

I authorise the first aid officers to administer first aid measures where necessary.

**Name:** \_\_\_\_\_

**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 other necessary staff.
7. A copy of all files may also be left with LWD staff in Phnom Penh, and only accessed in an emergency. Where necessary, doctors or medical staff would also be given access to medical information.
8. 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.