



YMCA Queensland Youth Parliament

Residential Details Form 2010

These Details will remain confidential and will only be used for the purposes of the Residential program.

PERSONAL DETAILS

FULL NAME: _____

ELECTORATE: _____

GENDER: _____ DOB: _____

HOME NUMBER: _____

MOBILE NUMBER: _____

EMERGENCY / MEDICAL INFORMATION

The following information is necessary to participate in the program.

EMERGENCY CONTACT: _____

Relationship to you: _____

PHONE NUMBER: _____

MEDICARE NUMBER: _____

HEALTH INSURANCE: **YES / NO** Details: _____

DOCTOR: _____ Contact: _____

BLOOD TYPE: _____

DATE OF TETANUS IMMUNISATION: _____ / _____ / _____

ALLERGIES: _____

OTHER MEDICAL CONDITIONS:* (Attach pages if necessary)

SPECIAL DIETARY REQUIREMENTS: _____