## 2024 STEM Girl Power Initiative: Teacher contact information

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| **camp applicant details** | | |
| Title | First name | Surname |
| School | | Region |
| Email (school email) | | Teacher mobile (if bringing to camp) |
| **emergency contact information** | | |
| Emergency contact name  Emergency contact telephone number  (Relationship to teacher) | | |
| Alternative emergency contact name  Alternative emergency contact telephone number  (Relationship to teacher) | | |

## Relevant Medical Information

The information contained herein is required by camp leaders or medical practitioners in the event of a person requiring treatment. It is important that this is completed fully and accurately. All information will be held in confidence by camp leaders.

Do you have: YES NO Notes

(a) Tetanus booster in the last 12 months   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(b) Heart problems   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(c) Respiratory problems (e.g., asthma)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(d) Allergies (incl. food, drugs, ointments)   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(e) Diabetes   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(f) Blood pressure   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(g) Recent operations   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(h) Epilepsy   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(i) Recent illness   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(j) Phobias   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(j) Current medication   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Additional Medical Information

Please give full details of other medical information that may affect your full participation in the activities for the camp in the box below.

If a teacher has a medical condition it can be managed during the camp to ensure adjustments for specialised health needs (for example wheelchair access to and between venues).

Please contact the STEM team on email: [STEM@qed.qld.gov.au](mailto:STEM@qed.qld.gov.au) to discuss any needs during the camp.

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| Additional medical information or special requirements, for example: mobility, dietary, or religious requirements (e.g., gluten free, vegetarian) |

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| The camp leaders will resend this medical form to successful participants before the May 2024 camp to ensure any updated medical information is provided. |

Students and teachers who attend the camp will be supplied with STEM Girl Power Camp shirts as part of the camp. Teachers will wear camp shirts during camp activities. To assist with ordering the shirts can you please indicate below the preferred size:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Ladies Polo Shirt sizing** | | | **Adult Polo shirt sizing (teacher)** | | |
|  | Size 8 | Chest 46cm Length 62cm |  | Size S | Chest 53.5cm Length 70cm |
|  | Size 10 | Chest 48.5cm Length 64cm |  | Size M | Chest 56 Length 72.5cm |
|  | Size 12 | Chest 51cm Length 66cm |  | Size L | Chest 58.5cm Length 75cm |
|  | Size 14 | Chest 53.5cm Length 68cm |  | Size XL | Chest 61cm Length 77.5cm |
|  | Size 16 | Chest 56cm Length 70cm |  | Size 2XL | Chest 63.5cm Length 80cm |
|  | Size 18 | Chest 58.5cm Length 72cm |  | Size 3XL | Chest 66.5cm Length 81cm |
|  | Size 20 | Chest 61cm Length 73cm |  | Size 4XL | Chest 70cm Length 82cm |
|  | Size 22 | Chest 63.5cm Length 74cm |  | Size 5XL | Chest 73.5cm Length 83cm |
|  | Size 24 | Chest 66cm Length 75cm |  |  |  |