

Participant Details

Surname: Gender: M / F

Given Name/s: Date of Birth: / /

Emergency Contact Details

Parent / Guardian / Contact Person:
(Name in Full)

Telephone:
(Home) (Business) (Mobile)

Medical Information

Medicare N^o: Ambulance Cover: Yes / No

Position on Medicare Card (eg. 1,2): Medicare Expiry:

Private Health Insurance Fund: Yes / No

Fund Name: Fund Policy N^o:

Please answer the following medical questions regarding your son/daughter:

1. Is your son/daughter in good health? Yes / No

2. Does your son/daughter suffer any chronic illness, or disability? Yes / No

If yes, please specify:
.....

3. Does your son/daughter need to take any form of medication? Yes / No

If yes, please specify: (dose, frequency etc.)
.....

Does the medication need refrigeration? Yes / No

4. Has your son/daughter suffered from any acute illness during the past four months? Yes / No

If yes, please specify:
.....

5. Has your son/daughter had any major surgery (knee, back, heart, etc.)? Yes / No

If yes, please specify:

6. (See below for this question)Has your son/daughter been treated by a doctor during the last four weeks?

If yes, please attach a doctor's report with instruction about medical treatment and a certificate stating that the participant is fit to attend.

This option will be provided o you next term. Yes / No

7. Does your son/daughter have any allergies? (insects, food, medication, etc.) Yes / No

If yes, please specify:

.....

8. Does your son/daughter have any special dietary requirements? Yes / No

If yes, please specify:

.....

9. Has your son/daughter had the Diphtheria Tetanus Toxoid booster injection? Yes / No

If yes, what date was the last booster given? / /

10. Do you give permission for Panadol to be administered to your son/daughter if required? Yes / No

Activity Restrictions

All activities are instructed by qualified instructors and at all times are supervised and accompanied by your son/daughter's school teachers.

Your child will be completing rock climbing, raft building, the giant swing and challenge ropes. If you do not want your son/daughter to participate in any particular activity or activities, please write them in the space provided and notify your son/daughter of the activity or activities for which they are to be excluded:

.....

.....

Is your son/daughter permitted to participate in swimming/water activities? Yes / No

If no, please inform your son/daughter that they are not to participate in any swimming/water activities.

How do you rate your son/daughter swimming ability?

Non Swimmer Average Competent (swim more than 50m)

Parent or Guardian Consent

In the event of any accident or illness and I am unable to be contacted, I authorise the obtaining of such medical assistance on my behalf that my son/daughter may require. I also agree to cover medical fees and/or cost of such assistance that may be incurred while my son/daughter is with Outdoor Education NSW.

Wilful damage of property while with Outdoor Education NSW will be paid for either by the student involved or by their parent/s or guardian.

I have read my son/daughter's sample program and have made them aware of the Outdoor Education's guidelines.

.....has my permission to attend the program run by Outdoor Education.

(Son/Daughter's Full Name)

Signature of Parent/Guardian Date: / /

(Parent or Guardian)

