



## Adult Medical and Activity Consent form

### Personal Information

School:					
Name:					
Address:					
Date of Birth:		Gender:			
Medicare number:		Ref #:		Expiry Date:	
Telephone:	(Daytime)		(After Hours)		
Email:					
Secondary contact person					
Telephone:	(Daytime)		(After Hours)		

### Health & Medical Information

Dietary Requirements <i>Food Not to be Eaten &amp; reason</i>	Anaphylaxis (touch)	Anaphylaxis (Ingestion)	Severe Reaction or Intolerance	Mild Reaction or Intolerance	Religious or Cultural
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>

\*If you indicate yes to Anaphylaxis or severe reaction or intolerance, please provide more information: **Emergency Health Management Plan**

	YES	NO	Details
Allergies ( <i>medication/other – not including anaphylaxis</i> )			
Recent operation or illness			
<b>I have the following specialised health needs and I have completed and attached an <i>Emergency Health Management Plan</i></b>			
Asthma/other respiratory			
Anaphylaxis			
Heart conditions			
Epilepsy/seizures			
Diabetes			
Disability			
Other			

### Medicines on camp

All personal medication including over the counter medications needs to be carefully managed whilst on camp. Please consider where and how you will store it securely. Kinchant OEC will work with your school to assist safe medication practices but **WILL NOT** be responsible for any medication outside of the requirements of emergency first aid response. Please provide us with any relevant emergency medication information on the attached emergency health management plan.



**Emergency Health Management Plan**

**Please complete this page if you have a medical condition that requires specific emergency response.**

Participant Name ..... Doctor: ..... Doctor phone number: .....

Describe the Condition

.....  
.....

What triggers the condition? (E.g. Food, Exercise, Weather, Pollen, bites etc.)

.....  
.....

What Preventative steps should be taken to avoid the onset of the medical condition?

.....  
.....

What is the participant's usual signs and symptoms of the medical condition?

.....  
.....

What strategies/medication do you take to relieve the medical condition?

Medication	Dosage	Method	How often

Detail the preferred First Aid steps or attach any existing Action Plans

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	
Step 6	

Is there anything else we should know about the participant's medical condition?

.....  
.....

Declaration

- I understand that it may be advisable to consult the participants Doctor before camp. A letter from the Doctor outlining the management of the medical condition may accompany this form when it is returned.
- Programs at Kinchant OEC involve a high level of physical activity & are conducted predominantly outdoors.
- Kinchant OEC is a 30 minute drive from the nearest ambulance, doctor or hospital and, in some instances, the response time for medical attention may exceed 2 hours.
- Kinchant Outdoor Education Centre teachers carry Ventolin in their first aid kits and are trained to an intermediate first aid level.

I declare that the information provided on this form is complete and correct.

Signed: ..... Name: ..... Date: .....

People

Safety

Education



### Camp Intentions

Kinchant OEC values people and we are committed to Empowering Students, through Authentic Experiences. Our teachers are keen to work alongside you to support the learning for everyone in the adventurous activities they are about to undertake. If you wish, give us some additional information to assist our teachers in supporting you and your student's success on camp

---

**A little bit about me**

---

**I'm looking forward to**

---

**Any concerns or worries**

Swimming Ability (please circle)	Non/weak Swimmer	Average Swimmer (Capable of 25-50m)	Strong Swimmer (Capable of 50 – 100m)
----------------------------------	------------------	--	--

### Informed Activity Consent

Kinchant OEC is committed to Empowering Students, Through Authentic Experiences. On camp your student may choose to take on the challenge in one or more high risk activities that have been programmed into their camp experience. These activities teach safe practices and are designed to promote a personal development through challenge by choice.

Category→	High Challenge	Aquatic / Paddle Craft	Climbing wall	Archery
Activities→	Giant Swing, High Ropes, Team Tower, Possum Glider, All Aboard, Leap of faith	Canoeing, Paddle Boarding, Kayaking, Rafting, Swimming	Abseiling, Climbing	Archery

High Risk Activities at the centre are led by our teachers whom are experienced in the activity and hold the required activity specific qualifications. Activity specific safety briefings are conducted with all groups before commencing any high-risk activity. More information on our risk management is available on our website.

It is important that you are aware of the activities that you will have the opportunity to undertake and their associated inherent risk. It is our responsibility under duty of care to inform you that High Risk Activities are to take place during the camp. Because these activities are potentially life-threatening, your informed consent and approval is sought to enable your participation



## Declaration

- I am aware that our actions and behaviours contribute to the camp experience and the safety of everyone. I understand the responsibility to be safe, be learning, show respect, and to enjoy the experience. I understand that following the safety instructions of Kinchant OEC staff is essential.
- I understand that for a variety of reasons Kinchant OEC teachers and administration may use professional discretion to make adjustments to planned programs to positively impact safety and education.
- I am aware that if I am unwell on the day of departure, I am not to attend camp and if I become unwell whilst on camp, I may be required return home.
- I understand that Kinchant OEC expects students to undertake challenges by choice. This means that whilst Kinchant OEC teachers will support and encourage students to take on a challenge, they will always, when safe to do so, respect any participants right to opt out and to say no. In this case, there is always other learning opportunities.
- I am aware of the activities that I will undertake whilst on camp and that the activities have an inherent risk associated that is managed through Kinchant OEC's Curriculum Activity Risk Assessment Process.

Name

Signature

Date

Mr Jack Burford

A/ Principal

Kinchant Outdoor Education Centre

The Department of Education is collecting the personal information requested in this form in order to: obtain lawful consent for your child to participate in the activity; help coordinate the activity; respond to any injury or medical condition that may arise during, or as a result of the activity; and update school records where necessary. The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth). The information will not be disclosed to any other person or agency unless the disclosure is authorised