



Student Medical and Activity consent form

Personal Information

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

Student Health & Medical Information

Dietary Requirements <i>Food Not to be Eaten & 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			
My student has the following specialised health needs and I have completed and attached an <i>Emergency Health Management Plan</i>			
Asthma/other respiratory			
Anaphylaxis			
Heart conditions			
Epilepsy/seizures			
Diabetes			
Disability			
Other			

Administration of medicines on camp

My student will be accessing medicine whilst on camp	YES	NO
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All personal medication including over the counter medications to be accessed by a student whilst on camp requires records to be held by the student's base school. Please ensure that you have advised the school of any medication your student will self-administer (including over the counter medications) and completed the appropriate record sheet/s and provided it to the school. Kinchan OEC will work with your school to assist safe administration practices but WILL NOT be responsible for the administration of any medication outside of the requirements of emergency first aid response.



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?

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.....

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, and I have provided any additional relevant information

Signed: Name: Date:



Individual Learning information

Kinchant OEC values People, Safety and Education. We design our programs to develop a sense of belonging foster a sense of belonging empowerment and mutual support. Think about and discuss with your child the adventurous nature of the activities they are about to undertake, then, if you wish, give us some additional information to assist our teachers in supporting 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 swimmer Not able to swim or tread water	<i>Capable of Treading water & can swim 25m</i>	<i>Capable of Treading water & can swim 50m</i>	<i>Capable of Treading water & can swim 100m</i>
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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 your student 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 son/daughter/ward to participate.

Activity risks and insurance

Please note that the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide what types and what level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow your child to participate in this activity.



Consent and Learning Agreement

This represents an agreement for consent of the activities and learning between Kinchant OEC, visiting teachers, visiting students and their parents/guardians. The term of this consent agreement is for the duration of the Kinchant OEC program or visit.

For Parents/Guardians and Students

By Signing this document, I agree that

- I am aware that our actions and behaviours contribute to the camp experience and the safety of everyone. I understand that following the safety instructions of Kinchant OEC staff and school teachers 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 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 the child's right to opt out and to say no. In this case, there is always other learning opportunities.
- There is no legal requirement for a student to sign this document.

For Parents/Guardians

By Signing this document, I agree that

- I understand that should my child's behaviour repeatedly or significantly impact the safety of themselves or others, they may be required to leave the excursion transported by a parent/ guardian.
- I am aware that if my child is unwell on the day of departure, they are not to attend camp and if my child becomes unwell whilst on camp, I may be required to arrange transportation home.
- I am aware of the activities that my child will undertake whilst on camp and that the activities have an inherent risk that is managed through Kinchant OEC's curriculum activity risk assessment process.
- I give consent for my child..... to participate in activities whilst on camp including all High Risk activities on their program.
- In the event of an accident or illness, school staff may obtain or administer any medical assistance or treatment my child may reasonably require, including contacting my child's doctor.
- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.

Student Name (optional)	Signature (optional)	Date
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Parent/Guardian Name (required)	Signature (required)	Date
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Mr Jack Burford A/ Principal Kinchant Outdoor Education Centre	Signature	Date
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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 or required by law, or you have given the department permission for the information to be disclosed.