

# MEDICAL FORM & INFORMED CONSENT

## DARADGEE ENVIRONMENTAL EDUCATION CENTRE EXCURSIONS

### ADULTS

clever • skilled • creative

Staff will provide immediate first aid and contact an ambulance as required following the *HLS-PR First Aid Policy*.

Privacy Notice

The Department of Education and Training (DET) is collecting personal information about adults in accordance with the Information Privacy Act 2009 and section 426 of the Education (General provisions) Act 2006, to enable camp organisers to provide appropriate health care for your child if required. This information will only be accessed by authorised departmental employees. Some of this information may be given to external health providers for the purpose of providing medical treatment if required. The information will not be disclosed to any other person or body unless you have given DET consent or DET is required or authorised by law.

#### ADULT DETAILS

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Home Address: \_\_\_\_\_

Postcode: \_\_\_\_\_ Home Phone No: \_\_\_\_\_ Mobile: \_\_\_\_\_

#### Medicare Details

Medicare No \_\_\_\_\_ Number of Person: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Name of Family Doctor: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

#### Emergency Contact Details:

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Ph: \_\_\_\_\_ Mobile Ph No: \_\_\_\_\_ Work Ph No. \_\_\_\_\_

**Are you arriving late or departing early** from excursion? YES / NO

If YES, please complete the following details:

Day/Date	Arrival Time	Reason for late arrival/early departure	Departure Time	Return Time	Day/Date

**Health Conditions and other injuries**

Please indicate YES or NO if you have one or more of the following conditions that may affect the health and safety to fully participate during the excursion? If YES, please write details of the condition to assist excursion coordinators in supporting you.

If you have a health condition requiring an Individual and/or Emergency Health Plan (IHP/EHP) or Action Plan, please attach a copy of these to this form.

**Details**

Asthma/Other Respiratory Problems	YES NO	_____
Diabetes	YES NO	_____
Epilepsy/Seizures	YES NO	_____
Health Need requiring IHP/EHP	YES NO	_____
Learning Needs	YES NO	_____
Disability	YES NO	_____
Phobias	YES NO	_____
Anaphylaxis (Severe Allergy)	YES NO	_____
Medication Allergies (e.g. penicillin)	YES NO	_____
Allergies (e.g. food, insects)	YES NO	_____
Special Dietary Requirements	YES NO	_____
Heart Condition/Heart Murmurs	YES NO	_____
Sinus or Hayfever	YES NO	_____
Sleepwalking	YES NO	_____
Bed Wetting	YES NO	_____
Recent operation/injury	YES NO	_____
Other		_____

**Infections and Immunisations**

If answering YES, please write details to assist excursion coordinators in supporting you.

Have you:

**Details**

- had an infectious disease recently?	YES NO	_____
- received a Tetanus Booster?	YES NO	Year of last booster injection _____
- been immunised?	YES NO	Please list vaccinations _____

Other relevant information: \_\_\_\_\_

Do you give authorisation for Qualified Practitioners, if required, to administer:

ANAESTHETIC	YES NO
BLOOD TRANSFUSION	YES NO

**Medication**

Are you presently taking tablets and/or other forms of prescribed medication? YES / NO  
Arrangements with the teacher-in-charge are to be made for the safekeeping and handling of prescribed medications and equipment prior to the excursion.

Please provide any other information about yourself which will enable the organisers of the excursion to provide better care for you: \_\_\_\_\_

**Camp Consent**

I \_\_\_\_\_, give consent for teachers/staff involved in the excursion to provide basic first aid if required and/or contact an ambulance who will determine any additional emergency response required. I understand that all reasonable attempts will be made to contact my emergency contact in the event of any emergency.

I acknowledge that the Department of Education and Training does not have Personal Accident Insurance cover. I agree to pay all expenses incurred on my behalf.

Signature of attending adult: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_