

WOMBAROO ADVENTURE CENTRE

ADULT MEDICAL / CONSENT FORM



be challenged
experience adventure
build community

PARTICIPANT DETAILS:

Surname: Given Names:
Address:
Suburb: Postcode:
Gender: Date of Birth:
Group / School:
Medicare #: Card Ref No: Card Expiry Date:
Family Doctor: Phone:

EMERGENCY CONTACT DETAILS:

	Contact 1	Contact 2
Full Name:
Home Phone:
Work Phone:
Mobile:
Relationship:

PLEASE IDENTIFY ANY SPECIAL DIETARY NEEDS (if none write NIL):

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SWIMMING ABILITY:

Strong **Average** **Poor** **Non-swimmer**
50m unaided *25m unaided* *10m unaided*

MEDICAL INFORMATION:

Is your tetanus current? **No** **Yes** **Date:**

Does you suffer from:

- | | | |
|---|--|---|
| <input type="checkbox"/> Any allergic condition
<i>(complete allergy plan)</i> | <input type="checkbox"/> Asthma
<i>(complete asthma plan)</i> | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> Behavioural Problems | <input type="checkbox"/> Bed wetting |
| <input type="checkbox"/> Sleep walking | <input type="checkbox"/> Skin condition | <input type="checkbox"/> A Current illness e.g. Flu |
| <input type="checkbox"/> Recent Fractures / Hospitalisation | <input type="checkbox"/> Disability or chronic illness | <input type="checkbox"/> Other |

Please provide details (attach additional sheet if required):

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CURRENT MEDICATION:

Name	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Eg. Bricanyl	8am	2 puffs	1 pm	2 puffs	6pm	2 puffs	8pm	2 puffs		
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MEDIA CONSENT (strike out whichever does not apply):

I agree / do not agree to Outbreak Pty. Ltd. to use my name and any photographs, sound and film records taken of myself at this program for promotion or any other initiative.

ADDITIONAL MEDICAL INFORMATION

PARTICIPANT DETAILS:

Name: Date of Birth:

ASTHMA MANAGEMENT PLAN

SEVERITY:

To be completed for any participant who suffers from asthma

Mild

Almost no symptoms, well controlled, need reliever less than 3 times per week for relief of wheeze or cough.

Moderate

Cough or wheeze on waking. Requires reliever more than three times per week.

Severe

Additional doses of reliever required (up to every 3 hours) for shortness of breath, tightness in chest, etc. Frequent escalation of symptoms, complicated management, multiple triggers, symptoms displayed during normal activities.

CURRENT MEDICATIONS:

(including preventative and those to be used during an attack)

Name	Quantities and Dosage
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.....
.....

KNOWN TRIGGER FACTORS:

Exercise **Environment** **Illness** **Other**
Please provide details

ADDITIONAL INFORMATION:

Please provide other information that may be of assistance in providing medical assistance

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ALLERGY MANAGEMENT PLAN

ALLERGY DETAILS:

To be completed for any allergic reactions

Allergen	Severity* (localized, systemic, anaphylactic)	Preventative medication (name, dose, frequency)	Action to be taken during a reaction: (medication, dose, frequency, other actions)
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*IMPORTANT SEVERITY DEFINITIONS:

Localised	A reaction that is present at the site of contact only; rash, itchiness, swelling, redness, etc.
Systemic	A reaction with symptoms away from the contact site; rash, itchiness, swelling, general body illness, etc.
Anaphylactic	Diagnosed medical emergency - Severe breathing problems, swelling of the body, etc

ADDITIONAL INFORMATION:

Please provide other information that may be of assistance in providing medical assistance

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MEDICAL AGREEMENT:

This Agreement is between and Outbreak Pty Ltd ('Outbreak').

I acknowledge Outbreak, Outbreak employees and agents will take utmost care for my health and welfare during the outdoor education program provided ('the program').

I agree I have no medical conditions, which will be aggravated or worsened by participation in any activities undertaken during the program. I accept responsibility for my health should participation in the program aggravate or worsen any medical condition which may be present. All information I have provided to my employer / organisation and to Outbreak, regarding my health, is truthful, accurate and complete. I will notify Outbreak and my employer / organisation of any significant changes to my health prior to participation in the program.

I authorise Outbreak, its employees and agents to obtain medical treatment for, and to order X-rays, hospitalisation, injection, anaesthetic or surgery in the event of injury. I agree to bear any expenses incurred in obtaining medical treatment for myself including any emergency evacuation services deemed necessary by Outbreak.

I understand Outbreak does not permit alcohol, smoking or non-prescribed drugs during its program. I will bear the cost of any transportation required, because of illness, injury or any other reason deemed necessary by Outbreak.

I have read this Agreement. I fully understand it and sign it of my own free will.

Name: **Signature:** **Date:**

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK:

I,, understand, acknowledge and accept that physical outdoor activities involves inherent risks which can not be entirely eliminated and may result in personal injury, death or disability.

I agree Outbreak Pty Ltd ('Outbreak'), Outbreak employees and agents will take reasonable care for my safety and minimise risk in accordance with industry best practice but are not responsible for accident or illness otherwise occurring.

I permit myself to participate in the outdoor education program ('the program') provided by Outbreak and in all activities associated with and proposed for the program, including those described by my employer / organisation and those indicated in Outbreak literature or oral presentation.

I am aware participation may involve, but is not limited to, abseiling and other roped activities at height, canoeing, swimming, bush walking and camping, archery and active games by day or night. I agree that I may participate in activities not included in the above list and Outbreak may change programmed activities and substitute alternates for the safety of myself or other necessary reasons.

I accept the activities contain inherent risks, including but not limited to, physical exertion, abrasions, burns, injury from firing a bow, rough ground, falling and falling objects, impact with hard surfaces, injury from collision with other participants or objects, sunburn, storms, dehydration, drowning, bites and stings.

I have read this document and understand the information contained. I sign it freely and voluntarily without inducement of any kind. My signature indicates my agreement for myself to participate fully in the program and my acceptance of the risks involved in participation.

Name: **Signature:** **Date:**

PRIVACY STATEMENT:

Outbreak Pty. Ltd., will collect and store information you voluntarily provide to enable processing of enrolments in Outbreak programs. The information will be provided to program staff where necessary. The information collected will only be used for the purposes collected, that is, to ensure the safety and well-being of all participants during Outbreak programs.

If you have any further questions, or wish to update information provided to Outbreak, please do not hesitate to contact us on + 61 2 4878 5393.