

WOMBAROO ADVENTURE CENTRE

IMPORTANT INFORMATION



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Dear Staff,

Outbreak Pty. Ltd. (Outbreak) is a leading provider of outdoor education programs operating from Wombaroo Adventure Centre and other locations.

We operate our programs under a 'Challenge by Choice' policy. This means participants are encouraged to challenge themselves by taking part in activities but are able to choose their level of involvement.

We strive to achieve the highest levels of safety and welfare for participants in our programs. To assist us in ensuring the safety of yourself during the Program, it is essential that your assistance is provided in the following areas outlined below.

Valuables:

Valuables, such as mobile phones and audio devices, are not permitted on Programs. To avoid disruption to the smooth running of the Program, and to ensure maximum engagement by all participants, we ask for your support in having students leave these items at home.

Medical History:

It is vital you provide us with a comprehensive medical history. Accurate medical information assists us to appropriately respond to medical incidents and manage existing conditions.

We enclose three forms with this letter. You must complete these forms in full and sign them without changes or edits.

- Medical Information/Consent to Medical Treatment/Acceptance of Risk
- Asthma Management Plan
- Allergy Management Plan

Please supply appropriate additional information on the Medical Information form if you have an existing medical condition. With the ever-increasing occurrences of asthma, allergies and anaphylaxis, it is vital that management plans are completed in full should you have any such conditions.

It may be appropriate to consider seeking a medical review from your Doctor prior to engaging in Outdoor Adventure Activities.

Medication:

Any prescribed medication you are taking must be brought to the program. Please note this information on your Medical Information form and ensure you bring sufficient quantities of the medication to last the duration of the program.

If you have recently completed a course of medication, please note this on the Medical Information form.

Appropriate Clothing / Equipment:

All participants, including accompanying staff, must be suitably attired and equipped for the outdoor education elements of the program. Participants have been provided with a comprehensive equipment list; the most essential items being a warm sleeping bag, sturdy (closed-in) footwear, waterproof raincoat and a wide brim hat.

Revealing clothing (such as singlets, bikini's, and short shorts/skirts) is inappropriate for our program. Your assistance in implementing this policy, both prior to, and during the program is appreciated.

Appropriate Behaviour:

The safety and well being of all participants, including staff, is our primary concern during programs. Unsafe behaviour or behaviour detracting from the desired outcomes of the program, as set by your School, will not be tolerated. We reserve the right to exclude or remove participants or staff members from activities should they engage in such behaviour. Appropriate action to be taken will be discussed with the school at all times.

If you have questions or concerns you should first direct them to the appropriate co-ordinator at your School. If your queries remain unresolved we will be happy to discuss specific questions or concerns with you directly.

We look forward to providing a high quality outdoor education program for students at your school. We thank you in advance for your commitment and enthusiasm in being involved in such an adventure.

Yours Faithfully,

Handwritten signature of Kevern Bawden in black ink.

Kevern Bawden - Centre Manager

WOMBAROO ADVENTURE CENTRE

ADULT MEDICAL / CONSENT FORM



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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):

.....

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):

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		
.....

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

- | | | |
|---|---|---|
| <input type="checkbox"/> Mild
<i>Almost no symptoms, well controlled, need reliever less than 3 times per week for relief of wheeze or cough.</i> | <input type="checkbox"/> Moderate
<i>Cough or wheeze on waking. Requires reliever more than three times per week.</i> | <input type="checkbox"/> Severe
<i>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.</i> |
|---|---|---|

CURRENT MEDICATIONS:

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

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

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

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)
.....
.....

*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



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 understand every effort will be made to contact me before obtaining medical treatment. 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.