Student Consent Form

Camp Agreement

I agree to my child's / ward's attendance at the below mentioned program

Program Name:

Program Dates:

As parent / guardian I understand that Barrington Outdoor Adventure Centre and its instructors will take reasonable care for the welfare and safety of those attending the camp but are not responsible for any accident or sickness otherwise occurring. I acknowledge that going on camp may involve my child's / ward's participation in activities of a hazardous nature, though Barrington Outdoor Adventure Centre and its instructors will take reasonable care to minimise risk to participants.

I have detailed herein and on any attached pages any disabilities or susceptibilities affecting my child / ward that may place him / her at greater than normal risk. I authorise Barrington Outdoor Adventure Centre and its instructors to obtain medical assistance and ambulance transportation in the event of illness or injury as they think necessary and authorise qualified medical practitioners to administer anaesthetic, blood transfusions or any other procedures deemed necessary. I also agree to pay all the cost of any expenses incurred as a result of such medical assistance and ambulance transportation. I acknowledge that I am able to obtain private insurance cover for my child / ward in respect of any accidents or sickness at the camp. Should my child / ward need to be returned home for any reason I will cover any associated costs.

I acknowledge that during camp my child / ward may be taken swimming and I give my permission to do so.

I consent to my child / ward attending camp on this understanding.

Privacy Statement:

Barrington Outdoor Adventure Centre will collect and store the information you voluntarily provide to enable processing of enrolment for programs/camps. The information will be provided to instructors/guides of the program and their supervisors, where necessary and you consent to this disclosure. Any information provided by you will be stored in a database that will only be accessed by authorised personnel and is subject to privacy restriction. The information will only be used for the purpose for which it was collected. Any information provided by you to Barrington Outdoor Adventure Centre can be accessed by you during standard office hours and updated in writing or by contacting us on (02) 6558 2093.

I also declare that I have read and understand the information within the Student Information Pack/Guidelines and will read the Gear checklist for my child's / ward's safe participation and will ensure they attend with all items listed. I also understand that it is a condition of participation to accurately complete the following medical forms.

Media Consent:

I agree to allow Barrington Outdoor Adventure Centre to use any photographs or video taken of my child / ward at this program for the promotion of its services through promotional DVD or on their websites.

Students Name	Parent/Guardians Name	Parent/Guardians Signature	Date

Student Medical Form pg.1

Personal Details

First Name _____ **Middle Name** _____ **Last Name** _____

Date of Birth / / **Age** **Gender** MALE/FEMALE

Height _____ m **Weight** _____ kg

Residential Address _____ **Post Code** _____

Emergency Contact #1

First Name _____ **Last Name** _____ **Relationship** _____

Home Phone _____ **Work Phone** _____ **Mobile Phone** _____

Residential Address _____ **Post Code** _____

Email Address _____

Emergency Contact #2

First Name _____ **Last Name** _____ **Relationship** _____

Home Phone **Work Phone** **Mobile Phone**

Residential Address _____ **Post Code** _____

Email Address _____

Medical Information

Medicare Number _____ **Doctors Name** _____ **Doctors Phone #** _____

Medical Fund Name _____ **Membership Number** _____

Medical Cover Provider _____ **Membership Number** _____

Ambulance Cover Provider _____ **Membership Number** _____

Date of last tetanus injection / / (If not current, see doctor)

Does your child currently require medication? Yes – complete medication form No

Does your child suffer from asthma? Yes – complete asthma management form No

Does your child suffer from allergies? Yes – complete allergy management form No

Does your child suffer from any of the following? (circle and complete details is applicable)

Chronic injury	No	Yes	Details: _____
Chronic illness	No	Yes	Details: _____
Emotional Disorder	No	Yes	Details: _____
Behavioural Disorder	No	Yes	Details: _____
Low/High Blood Pressure	No	Yes	Details: _____
Heart Complications	No	Yes	Details: _____
Phobias	No	Yes	Details:

Student Medical Form pg. 2

Bedwetting	No	Yes	Details:	
Sleepwalking	No	Yes	Details:	
Travel Sickness	No	Yes	Details:	
Dietary Requirements	No	Yes	Details	

If your child is ill or requires medical attention in the 4 weeks prior to program you must provide a medical certificate deeming your child fit for program.

Swimming Skills

Please indicate your Childs swimming skills below:

Swimming Skill ✓
Non-swimmer – Has not yet learnt to swim
Basic – Basic strokes, only limited strokes beyond domestic swimming pool
Good – Strong swimmer, able to swim confidently in a variety of water conditions
Excellent – Very strong and confident, could swim 50 metres fully clothed

Mountain Biking Skills

Please indicate your Childs mountain biking skills below:

Mountain Biking Skill ✓
Non-rider – Hasn't yet learnt to ride a bike
Basic – Basic riding on flat ground only
Good – Can ride on varied terrain, use gears and brakes effectively
Excellent – Very strong and confident on all terrain including jumps and drops

General Fitness

Please indicate your Childs general fitness below:

General Fitness ✓
Less than 1 hour of exercise or sport per week
2-6 hours of exercise or sport per week
7-14 hours of exercise or sport per week
14+ hours of exercise or sport per week

Student Medication Form

I, _____

(Parent/Guardian's Name)

Give permission for medication to be administered to _____

(Students Name)

Name of Medication	Reason/Purpose for Medication	Instructions for Administering	Amounts	Times/day

Please Note: Container must be clearly marked with your name, dosage and instruction's for dispensing.

In the unlikely event that your child/ward misses the allocated time, what steps would you like taken (e.g. administer medication straight away, call you, call Emergency Help)?

1.

2.

3.

4.

5.

Is your child/ward familiar with taking this medication? YES NO

I understand that, while Barrington Outdoor Education staff and instructors may be prepared to assist in this matter, the ultimate responsibility rests with me as parent/guardian.

If there are any problems with the child/ward taking medication, parents/guardians will be contacted immediately.

Parent/Guardians Name	Parent/Guardians Signature	Date

Student Asthma Management Form

I, _____

(Parent/Guardian's Name)

Give permission for below plan to be followed for _____

(Students Name)

Preventer (if prescribed)	**Use**	**Times/day**
Reliever	**Use**	**Times/day**
Symptom controller (if prescribed)	**Use**	**Times/day**
Before exercise	**Use**	**Times/day**
Additional medication to be taken in the event of significant wheeze or cough	**Use**	**Times/day**
Emergency medication	**Use**	**Times/day**

Known Trigger Factors (please circle and add details if applicable)

Dust of any sort in sufficient quantities	Yes	No
Sudden change in temperature	Yes	No
Contact with animals	Yes	No
Grass and weed pollens, mould	Yes	No
Vigorous exercise	Yes	No
Atmospheric pollution	Yes	No

Other – Details No Yes Details: _____

Student Allergy Management Form

Students Name _____

What is your child/ward allergic to? _____

What are the signs and symptoms of the reaction? _____

Medication and treatment during an emergency attack? _____

Has your child/ward previously suffered from any of the following:

Localised reaction (Rash, itching, swelling)	Yes	No
A systemic reaction (Rash, itching, swelling)	Yes	No
An anaphylactic reaction (severe breathing problem, total body swell, emergency situation)	Yes	No
Have you been admitted to hospital due to allergies in the last 12 months	Yes	No
Is there a history of anaphylaxis in your family?	Yes	No
Has allergies interfered with participation in normal physical activities within the last 12 months?	Yes	No
Does your child/ward carry + take adrenaline (Epi-pen), when suffering an allergic reaction? If YES they MUST bring their Epi-pen/Anapen on camp	Yes	No