

Teacher 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)

Do you currently require medication? Yes – complete medication form No

Do you suffer from asthma? Yes – complete asthma management form No

Do you suffer from allergies? Yes – complete allergy management form No

Do you 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: _____

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Teachers Name: _____

Bedwetting	No	Yes	<u>Details:</u>	_____
Sleepwalking	No	Yes	<u>Details:</u>	_____
Travel	No	Yes	<u>Details:</u>	_____
Sickness	No	Yes		_____
Dietary	No	Yes	<u>Details</u>	_____
Requirements				_____

If you are ill or require medical attention in the 4 weeks prior to program you must provide a medical certificate deeming yourself fit for program.

Swimming Skills

Please indicate your swimming skills below:

Swimming Skill	✓
Poor – Basic strokes, only limited strokes beyond domestic swimming pool	
Able – Nothing more than dog paddle	
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 mountain biking below:

Mountain Biking Skill	✓
Non-rider – hasn't yet learned to ride a bike	
Poor – 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	

Teacher Medication Form

I, _____
(Your Name)

Give permission for medication to be administered to myself.

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 you miss 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.				
Are you 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 myself.

Your Name Your Signature Date

Teacher Allergy Management Form

Your Name _____

What are you allergic to? _____

What are the signs and symptoms of the reaction? _____

Medication and treatment during an emergency attack? _____

Have you 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 you carry + take adrenaline (Epi-pen), when suffering an allergic reaction? If YES you MUST bring their Epi-pen/Anapen on camp	Yes	No