



# Stanley River EEC Adult Medical and Activity Consent Form

## Personal Information

School:					
Name:					
Address:					
Date of Birth:		Gender:			
Medicare number:		Ref #:		Expiry Date:	
Telephone:	(Daytime)		(After Hours)		
Email:					
<b>Secondary /Emergency Contact Name</b>					
Telephone:	(Daytime)		(After Hours)		

<b>Dietary Requirements</b>	
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## Health & Medical Information

	YES	NO	Details
Allergies ( <i>medication/other – not including anaphylaxis</i> )			
Recent operation or illness			
<b>I have the following specialised health needs and I have completed and attached an <i>Emergency Health Management Plan</i></b>			
Asthma/other respiratory			
Anaphylaxis			
Heart conditions			
Epilepsy/seizures			
Diabetes			
Disability			
Other			

## Medicines on camp

All personal medication including over the counter medications needs to be carefully managed whilst on camp. Please consider where and how you will store it securely. Stanley River will work with your school to assist safe medication practices but **WILL NOT** be responsible for any medication outside of the requirements of emergency first aid response. Please provide us with any relevant emergency medication information on the attached emergency health management plan (page 3).

## Camp Intentions

Stanley River is committed to providing safe physical, social and emotional learning environments for everyone. Our teachers are keen to work alongside you to support the learning for everyone in the adventurous activities they are about to undertake.

**A little bit about me...**

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**I'm looking forward to...**

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**Any concerns or worries...**

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<b>Swimming Ability</b> (please circle)	<b>Non/weak Swimmer</b>	<b>Average Swimmer</b>	<b>Strong Swimmer</b>
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## Declaration

- I am aware that my actions and behaviours contribute to the camp experience and the safety of themselves and others. I understand the responsibility to be safe, be learning, show respect, and to enjoy the experience. I understand that following the safety instructions of Stanley River staff is essential.
- I am aware that if I am unwell on the day of departure I am not to attend camp and if I become unwell whilst on camp I may be required to return home.
- I understand that Stanley River invites participants to undertake challenges by choice. This means that whilst Stanley River teachers will support and encourage participants to take on a challenge, they will always respect the person's right to opt out and to say no. In this case, there is always other learning opportunities.
- I am aware of the risk levels of the activities that we will undertake whilst on camp and that the activities have an inherent risk associated that is managed through Stanley River's curriculum activity risk assessment process.

Name (required)

Signature (required)

Date

**Mr Jonathan Foley**



Principal

Signature

Stanley River Environmental Education Centre

### *Privacy notice*

*The Department of Education is collecting the personal information requested in this form in order to: obtain lawful consent for your child to participate in the activity; help coordinate the activity; respond to any injury or medical condition that may arise during, or as a result of the activity; and update school records where necessary. The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth). The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed*



# Stanley River EEC Emergency Health Management Plan

**Please complete this form if you require specific emergency response.**

## Information

Participant Name \_\_\_\_\_ Doctor: \_\_\_\_\_ Doctor phone number: \_\_\_\_\_

### Describe the Condition

\_\_\_\_\_  
\_\_\_\_\_

What triggers the condition? (E.g. Food, Exercise, Weather, Pollen, bites etc.)

\_\_\_\_\_  
\_\_\_\_\_

What Preventative steps should be taken to avoid the onset of the medical condition?

\_\_\_\_\_  
\_\_\_\_\_

What is the participant's usual signs and symptoms of the medical condition?

\_\_\_\_\_  
\_\_\_\_\_

What strategies/medication do you take to relieve the medical condition?

Medication	Dosage	Method	How often

Detail the preferred First Aid steps or attach any existing Action Plans

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	
Step 6	

Is there anything else we should know about the participant's medical condition?

\_\_\_\_\_  
\_\_\_\_\_

### Declaration

- I understand that It may be advisable to consult the participants Doctor before camp. A letter from the Doctor outlining the management of the medical condition may accompany this form when it is returned.
- Programs at Stanley River EEC involve a high level of physical activity & are conducted predominantly outdoors.
- Stanley River EEC is a 10-minute drive from the nearest ambulance, doctor or hospital and in some cases due to locations of camp outs, the response time for medical attention may exceed 2 hours.
- Stanley River EEC staff carry first aid kits and are trained in standard first aid and remote first aid.
- In medical emergency situations Stanley River EEC may share this form with medical professionals.

I declare that the information provided on this form is complete and correct.

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_