



Stanley River EEC Duke of Edinburgh Student Medical and Activity Consent Form

Personal Information

| | | | | | |
|---------------------------------|--|--|--------------|---------------|--------------|
| School/Award Unit : | | | Award Leader | | |
| Student Name: | | | | | |
| Address: | | | | | |
| Date of Birth: | | | Gender: | | |
| Medicare number: | | | Ref #: | | Expiry Date: |
| Parent/Guardian Name: | | | | | |
| Telephone: | | | (Daytime) | | |
| | | | | (After Hours) | |
| Email: | | | | | |
| Secondary contact person | | | | | |
| Telephone: | | | (Daytime) | | |
| | | | | (After Hours) | |

Student Health & Medical Information

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

Administration of medicines on camp

All personal medication including over the counter medications to be accessed by a student either assisted by a supervisor or self-administered whilst on camp require specific records to be kept.

- My student will not be accessing medications whilst on camp**
- My student will be accessing medications whilst on camp and is attending the camp with a teacher from their school.** I have advised their school of the particulars and completed their records.
- My student will be accessing medications whilst on camp and is attending the journey as an individual participant.** I will complete the additional Stanley River EEC records to ensure the appropriate administration of the medication in a safe manner.

[Individual Learning information for parents and students to complete](#)

Stanley River is committed to providing safe physical, social and emotional learning environments for everyone. With your child, think about and discuss the adventurous nature of the activities they are about to undertake. We then ask that you give us some additional information to assist our teachers in supporting your student’s success on camp.

A little bit about me

I’m looking forward to

Any concerns or worries

| | | | |
|---|-------------------------|------------------------|-----------------------|
| Swimming Ability (please circle) | Non/weak Swimmer | Average Swimmer | Strong Swimmer |
|---|-------------------------|------------------------|-----------------------|

[Consent & learning contract for parents and students](#)

This learning contract is used to represent an agreement for learning between Stanley River, visiting students and their parents/guardians. The term of this agreement is for the duration of the Stanley River program or visit.

- I am aware that our actions and behaviours contribute to the camp experience and the safety of everyone. I understand the responsibility of my child to be safe, be learning, show respect, and to enjoy the experience. I understand that following the safety instructions of Stanley River staff and school teachers is essential. I understand that should my child’s behaviour repeatedly or significantly impact the safety of themselves or others they may be required to leave from the excursion transported by a parent/ guardian.
- I am aware that if my child is unwell on the day of departure they are not to attend camp and if my child becomes unwell whilst on camp I may be required to arrange transportation home.
- I understand that Stanley River expects students to undertake challenges by choice. This means that whilst Stanley River teachers will support and encourage students to take on a challenge, they will always, when safe to do so, respect the child's right to opt out and to say no. In this case, there is always other learning opportunities.
- I understand that Stanley River strives to create an inclusive educational experience for all students.
- I am aware of the activities that my child 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.

| | | |
|--------------|-----------|------|
| Student Name | signature | Date |
|--------------|-----------|------|

| | | |
|-------------|-----------|------|
| Parent Name | Signature | Date |
|-------------|-----------|------|

| | |
|--|-------------------------------|
| Mr Andrew Travis Principal Stanley River Environmental Education Centre | Signature <i>A. Travis</i> |
|--|-------------------------------|

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: _____

P4 – Adventurous Journey Consent Form

NOTE:

- This form is **MANDATORY** and must be approved by the Award Leader prior to undertaking any Adventurous Journey.
- This form must be completed by every participant and be signed by their parent/guardian when a participant is under 18yrs.
- If an Adventurous Journey is cancelled, this form must be kept on record with the reasons for cancellation. In this instance, a new P4 must be completed and signed for the new Adventurous Journey being organised.

PARTICIPANT DETAILS

| | | | |
|------------------------|--------|-----------------------------|-------|
| AWARD CENTRE | | | |
| NAME | | | |
| ADDRESS | | | |
| PARTICIPANT NUMBER/S | MOBILE | | OTHER |
| EMERGENCY CONTACT NAME | | RELATIONSHIP TO PARTICIPANT | |
| PARTICIPANT NUMBER/S | MOBILE | | OTHER |

ADVENTUROUS JOURNEY DETAILS

| | | | | | |
|------------------------------|---|----------|--|----------------------|------------------------|
| START DATE | | END DATE | | AWARD LEVEL | |
| TYPE OF JOURNEY | Adventurous Journey | | | JOURNEY COMPONENT | Preparation & Training |
| | Virtual Adventurous Journey - prior AOA approval | | | | Practice Journey |
| | Adventurous Project - prior AOA approval required | | | | Qualifying Journey |
| JOURNEY LOCATION | | | | ACTIVITY e.g. hiking | |
| AJ SUPERVISOR (AJS) NAME | | | | | |
| OR | | | | | |
| EXTERNAL CONTRACTOR BUSINESS | | | | | |

Please submit this form to your Award Leader no less than **TWO (2) WEEKS** prior to the Adventurous Journey activity.

PARTICIPANT CONSENT

I, _____ am consenting to participate in the above Duke of Ed Adventurous Journey.

- I understand that Duke of Ed activities on Adventurous Journeys may be physically, socially and emotionally demanding. They may include participation in outdoor activities conducted in remote or semi-remote bush areas.
- I understand that certain risks and dangers will exist such as (but not limited to) loss or damage to personal property, injury or fatality.
- I acknowledge that while the Adventurous Journey Supervisor (AJS) will make every reasonable effort to minimise risks, not all dangers associated with the activities can be foreseen. I accept the fact that, while the AJSs are skilled and experienced, they cannot guarantee my safety since some risks are beyond their control.
- I have a personal responsibility to follow safety guidelines established by the AJS and I will inform them if I do not understand what is expected of me. I am aware that if I choose not to continue the activity for any reason I can discuss this with the AJS. I can expect the AJS to value my choice and encourage responsible decision-making. I understand that while every effort will be made to allow me to exit the activity, my choice cannot put other participants at risk. I understand that non-identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I am sufficiently fit to participate in this program. I agree to notify the AJS of any changes to my health and fitness, which may occur before, or during the AJ. Should I become ill or injured, I give my consent to the supervisor in-charge to provide or arrange for provision of medical treatment or rescue services as they see fit. I agree to pay for any such treatment or medical advice.

| | | | |
|-----------|--|------|--|
| SIGNATURE | | DATE | |
|-----------|--|------|--|



PARENTAL / GUARDIAN CONSENT – for Participants under 18 years

I, _____ am the parent/guardian of _____ and I consent to their participation in the above Duke of Ed Adventurous Journey.

- I consent to (insert participant’s name) _____’s participation in the above Adventurous Journey (AJ), including travel. I understand that the outdoor nature of the AJ program will involve risks. The Adventurous Journey Supervisor (AJS) undertakes to use the utmost care in ensuring each participant has a safe environment to meet personal challenge. I understand that appropriate information will be provided to participants before they participate in activities and that they may choose their own level of participation. I understand that non identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I consent for the supervisor in-charge to obtain appropriate medical attention in the event of accident or illness and I undertake to pay for any such treatment or medical advice. I understand that I will be informed at the earliest reasonable opportunity of any such treatment or medical advice.
- I understand that some AJs involve mixed groups of participants who may be over the age of 18 years.

| | | | |
|-----------------------|--|-------------|--|
| SIGNATURE | | DATE | |
| CONTACT NUMBER | | | |

AWARD LEADER APPROVAL

| | | | |
|------------------|--|-------------|--|
| NAME | | DATE | |
| SIGNATURE | | | |

YOUR PRIVACY

The Department of Education is collecting the personal information you provide to facilitate your involvement in the Award program. This will include the personal information that you submit via the Online Record Book Participant Registration Form. Your personal information will only be accessed by authorised officers who may provide the information to Award volunteers and organisations associated with the Award program to facilitate the Award program and to update and maintain records. Such as mail outs regarding award program information, award presentations and the alumni. Non-identifying statistical information may also be supplied to the National Award Operator, a non-government organisation that oversees the Award program In Australia. Your personal information will not be used for any other purpose or disclosed to any other party unless we have your consent or it is required by law. Your personal information is collected and managed in accordance with the Privacy Principles described in the Schedule 3 of the Information Privacy Act 2009 and, if applicable, in accordance with section 426 of the Education (General Provisions) Act 2006. You can access your own personal information by contacting the Queensland Award Operating Authority.

By completing this form I give my consent for the Department of Education to collect and store my personal information which may be used for the purposes outlined above.

BLUE CARD

Under the Working with Children (Risk Management and Screening) Act 2000 people working with children under 18 years of age in certain categories of business or employment must undergo the Working with Children Check. The Working with Children Check (blue card system) applies to employees or volunteers associated with The Duke of Edinburgh’s International Award and Bridge Award programs. Employers and businesses providing regulated child-related services are also required to have a child and youth risk management strategy in place to protect children and young people from harm.

For more information on whether you are required to hold a blue card or develop and implement a child and youth risk management strategy, please visit the Blue Card Services website at www.qld.gov.au/bluecard or call Blue Card Services on 1800 113 611 (free call). You can also read the fact sheet for The Duke of Edinburgh’s International Award at <https://www.publications.qld.gov.au/dataset/blue-card-system-changes/resource/5963ee66-8a39-4aac-aa1c-2e9368da0f6f>.