



ADULT CONSENT FORM

School		
Participant's name (In Full)		
Date of Birth		
Telephone		
Medicare Card	Ref No:	Expiry Date:
Emergency Contact		
Name		
Telephone		

CONSENT

I have:

- Advised the school's program coordinator, in writing, of my special dietary needs.
- Completed the attached medical details and clearly outlined current medical information.

I understand:

- Maroon OEC programs involve a high level of physical activity, are conducted predominantly outdoors and contain activities such as rock climbing, abseiling, high ropes, canoeing, kayaking, swimming, bushwalking and camping in tents at Maroon OEC or off-site camp sites.
- It is a 30-minute drive from Maroon OEC to the nearest ambulance, doctor or hospital and in some instances, the response time for medical attention may exceed 3 hours.
- The Department of Education is collecting the personal information in this form in order to:
 - Obtain consent for the named person to participate in the named activity
 - Help coordinate the activity; and
 - Respond to any injury or medical condition that may arise during or as a result of the activity.
 - This information will only be accessed by authorised departmental staff. The information will not be disclosed to any other person or agency unless we have your consent or we are required or authorised by law to do so e.g in compliance with relevant Queensland Chief Health Officer's Directions.

I give my consent for:

- **The principal or their representative to obtain such medical attention and transportation to medical attention as may be deemed necessary and I understand that I am responsible should any costs be incurred.**

Signature:	Date:
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PLEASE ENSURE YOU COMPLETE THE MEDICAL INFORMATION FORMS FULLY AND ACCURATELY.

Email: info@maroonoec.eq.edu.au
 Web: <https://maroonoec.eq.edu.au/>
 Phone: (07) 5463 6333



ADULT MEDICAL INFORMATION

Medical Conditions	Yes/No	If YES please complete
Asthma		Asthma Management form
Allergies		Allergy Management form
Diabetes		Medical Management form
Epilepsy		Medical Management form
Heart/Circulation Problems		Medical Management form
Sleep Conditions		Medical Management form
Recent Operations		Medical Management form
Knee, Hip, Shoulder, Ankle or Back Issues		Medical Management form

Details:

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Dietary Requirements: *IF TICKED, PLEASE COMPLETE A DIETARY MANAGEMENT FORM

Food Not to be Eaten	*Anaphylaxis	* Severe Reaction or Intolerance	Mild Reaction or Intolerance	Religious or Cultural	Food Preference

Swimming Ability	Non-Swimmer	25M	50M	100M
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LIST ANY MEDICATION BEING TAKEN

Drug Name	Dosage	Frequency	Condition or Doctors Instructions