

Maroon Outdoor Education Centre PARENTAL CONSENT FORM

SCHOOL:.....

STUDENT'S NAME (IN FULL):

DATE OF BIRTH:

NAME OF PARENT/GUARDIAN:.....

ADDRESS:

TELEPHONE: (HOME) (WORK)
(MOBILE)

MEDICARE NO:..... REF NO: EXPIRY DATE:.....

PARENTAL CONSENT

I have:

- provided current medical and special dietary information for my child on the Student Information form including details of medication being taken with my consent.
- read the *Student Responsibilities'* section of the *Information for Parents* form. <https://maroonoec.eq.edu.au/planning-your-visit>

I understand that:

- students MUST NOT attend if they are unwell.
- I will be required to collect my child if they become unwell, including cold or flu like symptoms, whilst at Maroon OEC.
- I will be required to collect my child if they are unable to follow the Student Responsibilities' as outlined in the Information for Parents form.
- no refunds will be provided should my child return home before the end of the program.
- Maroon OEC programs involve a high level of physical activity, are conducted predominantly out of doors 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 to Maroon OEC from the nearest ambulance, doctor or hospital and in some instances, such as camping and bushwalking, the response time for medical attention may exceed 3 hours.
- the Department of Education does not have personal accident insurance cover for children/students. If your child is injured as a result of an accident or incident while participating in the activity, all costs associated with the injury, including medical costs are the responsibility of the parent/carer. Some incidental medical costs may be covered by Medicare. If you have private health insurance, some costs may also be covered by your provider. Any other costs must be covered by parents/carers. It is up to all parents/carers to decide the type/s and level of private insurance they wish to arrange to cover their child. Please take this into consideration in deciding whether or not to allow the child/student to participate in this activity.
- the Department of Education is collecting the personal information in this form in order to:
 - obtain consent for the named child/student to participate in the named off-site activity;
 - help coordinate the off-site activity;
 - respond to any injury or medical condition that may arise during or as a result of the off-site activity; and
 - update school records where necessary.
- 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 consent for:

- my child to participate in the program.
- my child to be driven in a Maroon OEC vehicle driven by a Maroon OEC staff member.
- a tick or leech to be removed under the direction of a trained Maroon OEC staff member.
- the Principal or their representative to obtain medical attention deemed necessary.

PARENT / GUARDIAN'S SIGNATURE:

DATE:

Maroon Outdoor Education Centre

STUDENT INFORMATION

PLEASE ENSURE THAT YOU COMPLETE THE MEDICAL INFORMATION FORMS ACCURATELY

MEDICAL CONDITIONS:

ASTHMA	YES / NO	If YES, please complete an Asthma Management Form
ALLERGIES (other than food)	YES / NO	If YES, please complete an Allergy Management Form
DIABETES	YES / NO	If YES, please complete a Medical Management Form
EPILEPSY	YES / NO	If YES, please complete a Medical Management Form
HEART/CIRCULATION PROBLEMS	YES / NO	If YES, please complete a Medical Management Form

OTHER ISSUES TO BE CONSIDERED FOR YOUR CHILD:

<input type="checkbox"/> ADD / ADHD	<input type="checkbox"/> ASD	<input type="checkbox"/> Depression
<input type="checkbox"/> Anxiety	<input type="checkbox"/> Other verified condition	<input type="checkbox"/> Sleep related conditions
<input type="checkbox"/> Recent operations	<input type="checkbox"/> Phobias	<input type="checkbox"/> Other
<input type="checkbox"/> Existing injuries: knee, hip, shoulder, ankle or back	<input type="checkbox"/> Previous injuries: knee, hip, shoulder, ankle or back	

DETAILS:

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DIETARY REQUIREMENTS:

Food Not to be Eaten	Anaphylaxis	Severe Reaction or Intolerance	Mild Reaction or Intolerance	Religious or Cultural	Food Preference
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/> *	<input type="checkbox"/> *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*** IF TICKED, PLEASE COMPLETE A DIETARY MANAGEMENT FORM**

SWIMMING ABILITY: Non Swimmer 25m 50m 100m

LIST ANY MEDICATION BEING TAKEN BY YOUR SON/DAUGHTER

Drug Name	Dosage	Frequency	Condition or Doctors Instructions

*** FOR ANY MEDICATION, PLEASE COMPLETE A MEDICAL MANAGEMENT FORM**

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 Web: maroonoec.eq.edu.au
 Phone: 5463 6333