

Maroon Outdoor Education Centre ADULT CONSENT FORM

SCHOOL:

PARTICIPANT'S NAME (IN FULL):

DATE OF BIRTH:

TELEPHONE: (HOME) (WORK)
(MOBILE)

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

EMERGENCY CONTACT

NAME:.....

TELEPHONE: (HOME) (WORK)
(MOBILE)

CONSENT

I have:

- advised the school's program co-ordinator, in writing, of my special dietary needs.
- completed the attached medical details and clearly outlined current medical information.

I understand that:

- 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, 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:

PLEASE ENSURE THAT YOU COMPLETE THE MEDICAL INFORMATION FORMS FULLY AND ACCURATELY

Maroon Outdoor Education Centre

ADULT MEDICAL 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
SLEEP CONDITIONS	YES / NO	If YES, please complete a Medical Management Form
RECENT OPERATIONS	YES / NO	If YES, please complete a Medical Management Form
KNEE, HIP, SHOULDER, ANKLE OR BACK ISSUES	YES / NO	If YES, please complete a Medical Management Form

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

Drug Name	Dosage	Frequency	Condition or Doctors Instructions

Email: info@maroonoec.eq.edu.au
 Web: maroonoec.eq.edu.au
 Phone: 5463 6333