

southbound *adventures* Pty Ltd. A.B.N. 62 061 979 262
STUDENT MEDICAL FORM

PO Box A57 SHELLHARBOUR 2529 **Phone** (02) 4257 4888 **Fax** (02) 4257 4800 **Mobile** 0418 970 056 **email:** staff@southbound.com.au

The purpose of this form is to allow us to adequately prepare for your program of activities. This information is strictly confidential and will not be used to deny access to any part of the program. This information will not be resold, reused, rented, loaned or otherwise disclosed to a third party, except with prior written permission.

Name: _____ DOB: _____ Phone H: _____ Mobile: _____

Address: _____ Postcode: _____

Medical Group: _____ Medicare Number: _____ Female: Male: *Please Tick*

Emergency Contact Name: _____ **Relationship:** _____ **Phone H:** _____

Address: _____ **Mobile:** _____

Your Doctor: _____ **Phone:** _____ **Date of last Tetanus Inoculation?** _____

How far can you swim without assistance? 50 Metres 100 Metres 250 Metres or more *Please Tick*

Detail any specific dietary requirements you have: _____

Do you have any known allergies? Yes No *Please Tick* If yes, **what is the allergy?** _____

Allergies – You must complete the Allergic Reaction Management Plan Part One and Two attached.

Do you have any disabilities or illnesses? (eg asthma, diabetes, epilepsy, dyslexia, deafness, vision impaired, high blood pressure, heart and or lung condition), please give details. _____

Do you wear glasses or contacts? Yes No Do you have dentures/false teeth? Yes No

If yes to any of the above, have you ever been hospitalised for your condition? Please advise details. _____

Asthma – You must complete the Asthma Management Plan on the reverse of this form.

Have you ever suffered from a stress related illness? Yes No *Please Tick* If yes, **Please give details.** _____

Are you currently taking any form of medication? Yes No *Please Tick* **Please give details, including dosage and frequency.**

This Medication MUST be brought by student to the program.

Do you have any past injuries? Yes No *Please Tick* If yes, **date and details please.** _____

Have you ever undergone surgery in the past 3 years? Yes No *Please Tick* If yes, **Please give details including date and type.**

Are there any other medical conditions we should be aware of? _____

Important Notice

I acknowledge that Southbound Adventures guides will be carrying the following medications in their first aid kits;

Please tick and initial the medications **THAT ARE NOT TO** be administered in the event of a medical situation. Refer to parent letter for med description.

Panadol-500mg , Naprogesic-275mg , Dia Check , Imodium-2mg , Glucodin-50mg , Mylanta , Lemsip Sachets-500mg , Claratyne-10mg , Gastrolyte-5.2g , Ventolin-100mg , Senakot-7.5mg , Stingoies , EpiPen -0.3mg .

Risk Warning

Participation in the program of activities organised by Southbound Adventures Pty Ltd carries a risk that a participant may suffer personal injury or in very rare cases permanent disability or death. Such injuries may occur by participation and exertion in an activity with which participants may not be familiar, or by participants making errors of judgment or failing to follow instructions in performing various activities. In addition, risks may arise from loss of property, remoteness to normal medical services, or from changeable and sometimes extreme weather conditions.

Acknowledgement by Parent

1. I have read and understood the Risk Warning above.
2. I acknowledge that students, including my child/ren, to whom recreation services are supplied by Southbound Adventures Pty Ltd engage in those recreational activities at their own risk.
3. I acknowledge that Southbound Adventures Pty Ltd hereby exclude any liability under Division 5 of the *Civil Liability Act* that may result from breach of an express or implied warranty that the services be rendered with reasonable care and skill.
4. I agree that if my child/ren suffer injury or illness during the course of the program, Southbound Adventures Pty Ltd, their agents or operators, may at my cost arrange medical treatment and/or emergency evacuation services, as they deem appropriate for the safety of my children.

Parent/Guardian (Print Name) _____ (Signature) _____ Date: _____

Name of Student: _____ **School:** _____ **Group:** _____

Tuesday, February 26, 2008

Asthma Management Plan

To assist us in taking the appropriate precautions for you, it is important that we have the following information. The Asthma Foundation recommends this level of information as a minimum.

Name: _____

Regular medication: _____

Quantities and daily dosages: _____

Additional medication to be taken during an attack: _____

The medications listed above must be brought to the camp.

Expected best Peak Expiratory flow reading: _____

Peak Expiratory flow reading requiring extra medication: _____

Peak Expiratory reading when advisable to seek medical assistance: _____

Known trigger factors (please tick any appropriate item);

- Dust of any sort, in sufficient quantities
- Sudden change in temperature
- Contact with animals
- Grass and weed pollens, mould
- Atmospheric pollution
- Vigorous exercise
- Other – Details: _____

Any further information that you may wish to supply us regarding any medical considerations for your would be greatly appreciated.

Allergic Reaction Management Form - Part One

Please read through the allergy management form and complete;

Have you ever suffered an allergic reaction to;

- | | | |
|---------------------------------------|--|---|
| <input type="checkbox"/> Insect bites | <input type="checkbox"/> Food groups or addivities | <input type="checkbox"/> Plant Pollens |
| <input type="checkbox"/> Toxins | <input type="checkbox"/> Detergents or cleaning agents | <input type="checkbox"/> Other triggers |

If you have ticked any of the above then it is required that you fill in **Part Two** of the Allergic reaction Management form. This may be obtained from the school.

Your time in completing these forms is greatly appreciated and only assists us in being better prepared for your Outdoor Education Program.

Thankyou.

Allergic Reaction Management Form - Part Two

Seek the advice of your medical practitioner if necessary when completing this form.

Name: _____

What are you allergic to? _____

What are the signs and symptoms of the reaction? _____

Have you at any time suffered from;

- A localised reaction** (any rash, itching, swelling at the site the poison has entered)
- A systemic reaction** (any rash, itching swelling away from the site where the poison has entered)
- An anaphylactic reaction** (severe breathing problems, swelling of the body, emergency situation)

What medication do you take (if any) for prevention against an allergic reaction?

All medication for the sufferer's allergic reaction must be brought on the program by the participant and noted on the medical form.

What treatment is followed for you if an allergic reaction occurs?

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Five vital questions – (please answer by marking X in the appropriate box)

Name: _____

1. Do you suffer a systemic reaction to the allergy?

Yes No

2. Do you have an anaphylactic reaction to the allergy?

Yes No

3. Is there a family history of anaphylaxis?

Yes No

4. Have you ever been hospitalised due to an allergic reaction?

Yes No

5. Is adrenaline (eg adrenaline injection, medi-epihaler, epi-pen) administered when you suffer from an allergic reaction?

Yes No

If **YES** has been answered to anyone of these 5 vital questions the following is mandatory:

Your medical practitioner must be consulted about your participation in the outdoor program.

Your participation in the program will depend on full agreement by School Coordinator, Medical Practitioner, your Parents/Guardians and Management of Southbound Adventures Pty Ltd.

The medical practitioner is to be advised the following information:

- **On residential programs you may be up to a ½ hour from medical/hospital attention.**
- **On wilderness programs you may be up to 4 hours away from medical/hospital treatment.**
- **All group leaders and program coordinators hold a Leaders wilderness first aid qualification from Wilderness first aid consultants (Ph 4782 4419). These staff will be with the group for the duration of the program.**



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Quality Outdoor Education

Dear Parent,

Your child's school and **southbound adventures** have carefully considered the activities, location and timing for this outdoor education program. For the time your child will be with us, we will ensure that their safety and welfare is our prime concern. You can help us in this regard by attending to the following matters on their behalf.

Medicines

Any medications taken by your child should be detailed on our medical form. Instructions regarding dosage, frequency etc should be clearly advised. The name of your child should be noted predominantly on any medication. If administration of medicine is to be done by a person other than your child, please ensure full instructions are provided to the school prior to the commencement of the camp.

Asthma

Detailed on the reverse of our medical form is an Asthma Management Plan. If your child has asthma you will be required to complete this portion of the form. If your child has been hospitalised due to an Asthma related condition, **irrespective of the time of the last occurrence, it must** be recorded as well.

Allergies

If your child has any known allergies it is required that you complete part two of the allergic reaction management form. Giving details of last occurrence and in particular the medication that will be provided for the program.

Tetanus

Your child may run a risk of infection from any abrasions or cuts. We recommend that tetanus immunisation is current for your child.

Fractures / Dislocations/ Sprains

If your child has a history of fractures, recurring dislocations or sprains please let us know so we can, if necessary, modify our techniques for the activities to be undertaken. Any fracture, dislocations or sprains that have occurred in the past 3 years are to be noted.

Description of Medications

The following medications will be carried by **southbound** guides in their first aid kits; Panadol-500mg –Paracetamol for pain relief, Naprogesic- for period pain, Immodium - for diarrhoea, Glucodin -glucose tablets, Mylanta – Antacid, Lemsip Sachets-cold and flu relief, Claratyne -non-drowsy antihistamine, Gastrolyte- electrolyte for dehydration, Ventolin- for asthma, Senakot -laxative, Stingoes -relief for bites and stings, EpiPen –adrenalin injection for an anaphylactic allergic reaction.

Mobile Phones

southbound adventures requests, mobile phones **do not** come away with students on expeditions.

Eye care

If your child wears contacts we consider it advisable that he or she knows how to remove them and store them. They should bring with them their regular lens cleaning kit as well. For glasses, a head strap should prevent loss or possible damage during activities. If there is a spare set of glasses or contacts at home, we would recommend they be brought to camp.

Warmth / Keeping dry

Being away from normal shelter during the camp may pose an additional problem if not adequately prepared. Please follow our recommended gear list carefully. We would suggest that you look at least at a medium quality styled rain jacket or coat. Those extra few dollars spent will certainly be appreciated on a wet day during the camp, or any time in the future.

Strapping tape

If your child normally requires the strapping of joints for sport or otherwise could you please ensure that sufficient is taken for the duration of the camp. If your child is allergic to strapping tape please supply non-allergenic tape.

Digital Photos

southbound adventures Pty. Ltd may take images (digital, still or video) of students during activities, which may be used on the **southbound adventures** website or promotional material. Images used for this purpose will only represent the school, **southbound adventures** and each participant in a positive image.

Anything else we should know

Please contact us direct, or your school program coordinator, if you want to advise any other special considerations. Confidentiality is assured.

Parent Pickup

In the event of a student being unable to continue the program we will require a pickup by parents. **southbound adventures** office staff will fax maps or give clear directions to the venue to assist.

Kind Regards

Ian Robinson
Managing Director



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