

MEDICAL AGREEMENT:

This Agreement is between being the parent or legal guardian of ('my child') and Outbreak Pty Ltd ('Outbreak').

I acknowledge Outbreak, Outbreak employees and agents will take utmost care for my child's health and welfare during the outdoor education program provided ('the program').

I agree my child has no medical conditions, which will be aggravated or worsened by participation in any activities undertaken during the program. I accept responsibility for my child's health should participation in the program aggravate or worsen any medical condition which may be present. All information I have provided to my child's school and to Outbreak, regarding my child's health, is truthful accurate and complete. I will notify Outbreak and my child's school of any significant changes to my child's health prior to participation in the program.

I authorise Outbreak, its employees and agents to obtain medical treatment for, and to order X-rays, hospitalisation, injection, anaesthetic or surgery in the event of injury. I understand every effort will be made to contact me before obtaining medical treatment. I agree to bear any expenses incurred in obtaining medical treatment for my child including any emergency evacuation services deemed necessary by Outbreak.

I understand Outbreak does not permit alcohol, smoking or non-prescribed drugs during its program and my child will be sent home if found to be in breach of this policy. I will bear the cost of returning my child to my home or to my child's school, because of illness, injury or any other reason deemed necessary by Outbreak.

I have read this Agreement. I fully understand it and sign it of my own free will.

Name: **Signature:** **Date:**

ACKNOWLEDGEMENT AND ACCEPTANCE OF RISK:

I,, being the parent or legal guardian of,, ('my child'), understand, acknowledge and accept that physical outdoor activities involves inherent risks which can not be entirely eliminated and may result in personal injury, death or disability.

I agree Outbreak Pty Ltd ('Outbreak'), Outbreak employees and agents will take reasonable care for my child's safety and minimise risk in accordance with industry best practice but are not responsible for accident or illness otherwise occurring.

I permit my child to participate in the outdoor education program ('the program') provided by Outbreak and in all activities associated with and proposed for the program, including those described by my child's school and those indicated in Outbreak literature or oral presentation.

I am aware participation may involve, but is not limited to, abseiling and other roped activities at height, canoeing, swimming, bushwalking and camping, archery and active games by day or night. I agree my child may participate in activities not included in the above list and Outbreak may change programmed activities and substitute alternates for the safety of my child or other necessary reasons.

I accept the activities contain inherent risks, including but not limited to, physical exertion, abrasions, burns, injury from firing a bow, rough ground, falling and falling objects, impact with hard surfaces, injury from collision with other participants or objects, sunburn, storms, dehydration, drowning, bites and stings.

I have read this document and understand the information contained. I sign it freely and voluntarily without inducement of any kind. My signature indicates my agreement for my child to participate fully in the program and my acceptance of the risks involved in participation.

Name: **Signature:** **Date:**



ASTHMA MANAGEMENT FORM

To be completed for/by any participant who suffers from allergic reactions likely to cause significant distress or illness

PERSONAL DETAILS:

Name: School/Organisation:

REGULAR ASTHMA MEDICATIONS:

Name	Quantities and Dosage
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.....

ADDITIONAL MEDICATION TO BE TAKEN DURING AN ATTACK:

Name	Quantities and Dosage
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PEAK EXPIRATORY FLOW READINGS:

Expected reading
 Reading requiring extra medication
 Reading when advisable to seek medical assistance

KNOWN TRIGGER FACTORS:

- Dust of any sort in sufficient quantities
- Sudden temperature changes
- Other, please provide details
- Mould, grass and weed pollens
- Atmospheric pollution
- Contact with animals
- Vigorous exercise

ADDITIONAL INFORMATION:

Please provide other information that may be of assistance in providing medical assistance



ALLERGY MANAGEMENT FORM

To be completed for/by any participant who suffers from allergic reactions likely to cause significant distress or illness

PERSONAL DETAILS:

Name: School/Organisation:

ALLERGY DETAILS:

Known trigger factors, severity of reaction, medications, action required
(Please tick all appropriate items)

Severity (give details)	Regular preventative medication (Name, Dose, Frequency)	Additional medication/action to be taken during a reaction: (Name, Dose, Action)
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- bee sting
- insects (e.g. ants, spiders)
- contact with animals
- mould, grass and weed pollens
- atmospheric pollution
- food, please provide details
- other, please provide details

ADDITIONAL INFORMATION:

Please provide other information that may be of assistance in providing medical assistance

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