

CONSENT FORM FOR OUTDOOR EDUCATION PROGRAM

Please fill in both sides & use block letters when filling out this form

As a Parent/Guardian of: (Student's Name)

I: (Parent/Guardian Name)

Have read and understand all information contained in the Program Information Booklet and I give consent for my son to participate in the Year Outdoor Education Program at:

Toc H /Hindmarsh Island / Scotts Creek Outdoor Centre / Woodhouse Campsite **(please circle)**

from..... to..... **(insert dates)**

Year 3: I give consent for my son to participate in all activities including **CHALLENGE HILL** during the program.

Year 4: I give consent for my son to participate in beach and aquatic activities during the program.

Year 5 - 8: I give consent for my son to participate in canoeing/kayaking & aquatic activities including **CAPSIZING**.

All details of planned activities; transport arrangements and supervising teachers/instructors are provided in the Program Booklet.

Agreement:

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impractical or impossible, I authorise the teacher-in-charge to administer medication if needed (see page 2) and arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- **IMPORTANT:** I have logged on to the PAC website & I have verified & updated my son's medical information held by the College. If there is any change(s) prior to the camp I will update this information online or contact the PAC Health Centre immediately.
- I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: Date...../...../.....

Emergency Contact Details of Parent/Guardian

Address:

Telephone - Home:

Work :

Mobile

Dietary Requirements/Food Allergy

YES / NO (please circle)	If yes please describe:	Any addition information/special instructions:

Any healthcare information provided will not prevent your child participating unless further medical advice warrants exclusion. The information will be treated confidentially is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please attach extra sheets if required and contact the teacher-in-charge if you wish to discuss any student healthcare problems

PLEASE TURN OVER

MEDICAL SUPPLIES

Scotts Creek Outdoor Centre provides basic medication for students with minor ailments. A list of basic medical supplies is listed below. Supplies are grouped in terms of general purpose. For further information on any medication please contact your local Pharmacist. To give approval for Scotts Creek Outdoor Centre staff to administer any of the following medications, if needed, please tick the YES box and initial those that you approve of:

FOR ALLERGY

Non-sedating antihistamine (eg Telfast, Zyrtec) YES _____(INITIAL)

FOR PAIN AND ACHES

Paracetamol (eg Panadol Childrens) YES _____(INITIAL)

FOR UPSET STOMACH

Electrolyte replacement (eg Gastrolyte, Hydrolyte) YES _____(INITIAL)

Effervescent (eg Eno) YES _____(INITIAL)

FOR COLD AND FLU

Nasal Decongestant (eg Sudafed PE) YES _____(INITIAL)

Throat Lozenges (eg Vicks VapoDrops) YES _____(INITIAL)

NOTE: Scotts Creek Outdoor Centre staff will attempt to contact you prior to administration of any medication. Students with serious or persistent ailments will be referred to a medical practitioner.

Anaphylaxis

As part of our school policy on allergic reactions in wilderness areas, we store spare back-up adrenaline auto-injectors (Epipens) at our outdoor education sites in case a student with a known anaphylaxis requires more than one auto-injector e.g. their Epipen does not function correctly, is lost or damaged or a second dose is necessary.

Our school policy is also inclusive of procedures for the recognition and treatment of **undiagnosed or unexpected** anaphylaxis in students with or without a history of allergic reactions. In this instance, the policy is for staff to liaise, where possible, with emergency personnel, a paramedic or a Medical Practitioner to obtain authorisation to administer the adrenaline.

As a result (in addition to consenting to the other medication supplied to Scotts Creek) we are asking for your consent for the administration of an Epipen - if a **severe** allergic reaction occurs and staff follow the school policy on allergic reactions in wilderness areas.

Please consult with a Medical Practitioner or a Pharmacist if you are unsure.

I _____ (name of parent)

GIVE permission for: _____ (name of student)

to be given an adrenaline auto-injector (Epipen) in accordance with School Policy, if staff believe that he is having a serious and life threatening allergic reaction:-

Signature _____

Relationship to Student _____

Dated: _____