



ADVENTURE EDUCATION TRIP - Medical & Safety Form

Participant's Name:

Date of Birth:/...../.....

Contact Details:

Name of Parent/Guardian:

Address:

..... Post Code:

Phone No.: Home: Mobile:

Alternative Emergency Contact:

Name: Relationship to student:

Locality:

Phone No.: Home: Mobile:

Pick-up from Airport:



Name: ID No:

I consent photos and videos of my child to be published for promotional purposes and/ or, for any use by the Organization:
Yes or No

- Please give details of (a) **any medical condition, allergies** and **recent surgery** of which the school should be aware, including any **regular medication**, (b) **allergies** to any medication.

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Details of any **special dietary** requirements:

My son/daughter can **swim 25m** without any buoyant aid: Yes or No

I consent my son/daughter to participate in the trip activities and have read the information sheet(s) provided.

- I have ensured that s/he understands that it is important, for her/his and the group's safety that, any instructions given by the staff are to be complied with. This includes the code of conduct proposed in the booking consent form.
- I undertake to inform the Group Leader of any changes concerning health, or any other relevant issues, before the date of departure.
- I authorize that Leaders, in the event of an emergency, to permit my daughter/son to receive medical treatment, which includes anaesthetic or blood transfusion, and hospitalization as considered necessary by the medical authorities at that present time.
- I accept that Adventure Menu and the school/ club/ organization have no liability for any personal property lost, stolen or damaged valuables. (Damaged items are to be reported immediately to the group leader)
- I accept that s/he is the only one responsible for ALL his/her valuables, including money, electronic devices and excess luggage weight.
- I understand that Leaders will not be lending money for shopping purposes and excess luggage weight purposes.

Signature:

Parent/Guardian:

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