



**MEDICAL FORM**

*(if medical form is not completed by one week prior to the commencement of program, student is unable to attend)*

**School:** .....

**Student Name:** ..... **Date of Birth:** .....

**Gender:** .....

**Address:** .....

*(This address will be used in the unlikely event of a visit to a doctor or public hospital)*

**Medicare Card Number:**..... **Student No. on Card:** .....

**Ambulance:** UTC strongly recommend ambulance subscription. UTC prioritise health and safety. In the unlikely event of a medical situation, Ambulance and Emergency will be called first. UTC will not be held liable for any costs associated with emergency services.

**Ambulance Membership: Subscription No:** .....

UTC will make every effort to make contact with listed contacts as the situation dictates.

**Next of Kin:** ..... **Phone No:** .....

**Emergency Contact:** ..... **Phone No:** .....

**Relationship to Student:** ..... **Email Address:** .....

**Dietary Requirements:** .....

.....

**Medical History:**

**Allergies** (including medication & food): .....

**Medical Conditions:** Please provide additional detail in addition to this form.

**Minor Medical Conditions** (outline any minor medical conditions, signs, history & treatment requirements):

.....

.....

**Major Medical Conditions** (Trained 1st aid staff will be supervising & available to provide support. Outline known medical conditions that are a threat to life. Include overview, triggers, frequency, consequence, management & medications that will be sent. Please include anaphylaxis):

.....

.....

.....

**Current Medication** (please bring to camp):.....

**Asthma Plans** (The Victorian Schools Asthma Management Plan will be used unless otherwise advised. If different from the above, please supply a current copy of plan separately)

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**Pharmaceutical Consent** (in the event that medications are required, I consent to the following medications being administered:

**Paracetamol:** ..... **Ibuprofen:** ..... **Anti-histamine:** .....

**Swimming:**

**Not Yet:** ..... **I am comfortable in the water:**.....**I am a very good swimmer:**.....

**Is this the first time away from home?** .....

**Electronic Devices:**

It is a condition of funding that all mobile phones, tablets and other electronic devices are excluded from the programme. I agree to ensure that all such devices remain at home and communicate this requirement with them.

**Signature:** ..... **Date:** .....

**Conditions Management:**

All medications are to be clearly labelled with the student name and explanation of usage and are required to be handed to the leading travelling teacher.

I agree that I will hand over all clearly labelled medications to the leading travelling teacher with an explanation of their usage.

**Signature:** ..... **Date:** .....

**To be completed by parent or guardian:**

- I consent to my child attending camp. I have read the programme summary and understand the scope of the programme. This form is true and accurate at time of signing and I will update UTC of any changes between now and attendance on camp.
- I have provided all relevant medical information for safe participation with UTC.
- I will inform UTC of any changes that occur, prior to participation in the program.
- I have read and accept the Terms and Conditions of the Recreational Activity Risk Warning Waiver on the following page.

**Signature:** ..... **Date:** .....

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## Terms and Conditions:

### RECREATIONAL ACTIVITY RISK WARNING, ACKNOWLEDGEMENT, WAIVER AND RELEASE : - Positive Start 2022

1. Participation in ..... ('the Recreational Activities') supplied by UTC Melbourne ('Service Provider') involves significant risks, including the risk of personal injury and death. Particular risks include, but are not limited to:
  - 1.1 Drowning, Impact injury, Sunburn, Muscular skeletal strain, Exposure,
2. Before you participate in the Recreational Activities, you should ensure that you are aware of, and properly understand, all of the risks involved in the Recreational Activities, and that those risks will include any particular risks associated with any health condition or pre-existing disability from which you suffer.
3. By signing this document, you acknowledge, agree and understand that you engage or participate in the Recreational Activities voluntarily and at your own risk in full knowledge of the Risks generally and Particular risks described above.
4. By signing this document as a parent, guardian or responsible person performing parenting responsibilities, you acknowledge and agree that you have explained to the participant that the Recreational Activities provided by the Service Provider may involve risks generally; and the Particular risks described above.
5. By signing this document, you also acknowledge, agree and understand that the risk warning above constitutes a formal 'risk warning' for the purposes of the relevant legislation, including for the purpose of:
  - a. 5.1. Section 5M of the Civil Liability Act 2002 (NSW);
  - b. 5.2. Section 5I of the Civil Liability Act 2002 (WA);
  - c. 5.3. Section 48 of the Consumer Affairs and Fair Trading Act (NT);
  - d. 5.4. Section 43 of the Civil Law (Wrongs) Act 2002 (ACT);
  - e. 5.5. Section 15 - 20 of the Civil Liability Act 2002 (TAS);
  - f. 5.6. Section 31 - 39 of the Civil Liability Act 1936 (SA);
  - g. 5.7. Section 50 of the Wrongs Act 1958(VIC); and/or
  - h. 5.8. Section 13 - 19 of the Civil Liability Act 2003 (QLD).
6. By signing this document, you acknowledge, agree and understand that, to the full extent permitted by law, the liability of the Service Provider, in relation to recreational services and activities (as that term is defined in the Australian Consumer Law (Cth) and any similar state laws) for any:
  - 6.1 death;
  - 6.2 physical or mental injury (including the aggravation, acceleration or recurrence of such an injury);
  - 6.3 the contraction, aggravation or acceleration of a disease;
  - 6.4 the coming into existence, the aggravation, acceleration or recurrence of any other condition, circumstance, occurrence, activity, form of behaviour, course of conduct or state of affairs
    - (i) that is, or may be harmful or disadvantageous to you or the community;
    - (ii) that may result in harm or disadvantage to you or the community;

that may be suffered by you (or a person for whom or on whose behalf you are acquiring the services) resulting from the supply of recreational services or recreational activities is excluded, except to the extent that such death, injury, condition or otherwise were caused or contributed to, by a negligent or wilful act or omission of the Service Provider, its agents and servants.
7. By signing this document, to the full extent permitted by law, you (or the person for whom or on whose behalf you are acquiring the services) agree to waive and/or release the Service Provider, its servants and agents, from any claim, right or cause of action which you or your heirs, successors, executors, administrators, agents and assigns might otherwise have against the Service Provider, its servant and agents, for or arising out of your death or physical or mental injury, disease, loss and damage, or economic loss of any description whatsoever which you may suffer or sustain in the course of or consequential upon or incidental to your participation in the Recreational Activities, except to the extent that such claim, right, cause of action, injury, disease, loss or damage were caused or contributed to, by a negligent or wilful act or omission of the Service Provider, its agents and servants . servants

I accept the Terms and Conditions

**Student Name:** .....

**Signature:** ..... **Date:** .....