

CROSSTREK PROGRAM PARTICIPANT MEDICAL / CONSENT FORM – 2012 (M1)



APPLICANT			
First Name	Surname		
Home Phone	Other Phone		
Address			
Do you identify as an Aboriginal or Torres Strait Islander person? Yes <input type="checkbox"/> No <input type="checkbox"/>			
EMERGENCY CONTACT DETAILS			
Contact Person	Relationship		
Phone (home)	Phone (other)		
MEDICAL DETAILS			
Date of Birth: / /	Weight: kgs	Gender:	Height: cms
Do you have, or have ever had, any of the following?			
	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Asthma <i>If yes, date of last episode & any medication you use</i> _____ _____ _____	Heart Problems/ Disease Yes <input type="checkbox"/> No <input type="checkbox"/>	Diabetes Yes <input type="checkbox"/> No <input type="checkbox"/>	
Drug Allergy <i>If yes, please circle</i> Penicillin Morphia Other: _____	High Blood Pressure Yes <input type="checkbox"/> No <input type="checkbox"/>	Bleeding Condition Yes <input type="checkbox"/> No <input type="checkbox"/>	
Other Allergies <i>If yes, please state</i> _____ _____	Mental Health Issue Yes <input type="checkbox"/> No <input type="checkbox"/>	Recent Illness/ Injury <i>If yes, please state</i> _____ _____	
Do you have any disability <i>If yes, please state</i> _____ _____	Fears/ Phobias <i>If yes, please state</i> _____ _____	Other Condition Yes <input type="checkbox"/> No <input type="checkbox"/> _____ _____	
Date of Last Tetanus Injection: Within last 2 years <input type="checkbox"/> last 10 years <input type="checkbox"/> over 10 years ago <input type="checkbox"/> Never <input type="checkbox"/>			
If the need arises do you give permission for the young person to be administered paracetamol? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Current Medications: <i>list all medications you presently use -including prescription and over the counter medication</i>			
Medication _____	Dosage _____	Frequency _____	Treatment for _____
Medication _____	Dosage _____	Frequency _____	Treatment for _____
Medication _____	Dosage _____	Frequency _____	Treatment for _____
Parental Permission for CrossTrek staff to administer medication Yes <input type="checkbox"/> No <input type="checkbox"/>			
Swimming Ability: Excellent <input type="checkbox"/> Confident <input type="checkbox"/> Some Confidence <input type="checkbox"/> Not Confident <input type="checkbox"/>			

CROSSTREK PROGRAM PARTICIPANT MEDICAL / CONSENT FORM – 2012 (M1)



Do you have any special dietary requirements? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If yes, please state</i>	
<hr/> <hr/> <hr/>	
Medicare No: _____ Place on card: Expiry date: / /	Private Health Fund <i>If Yes, please state details</i>
PARTICIPANT SIGNATURE:	PARENT/GUARDIAN SIGNATURE: <i>If participant is under 18yrs</i>

Date

Date

PRIVACY

CrossTrek – Valuing Communities & the Environment is collecting your personal information to facilitate your involvement in a CrossTrek program.

Your personal information will only be accessed by authorised staff who may provide the information to volunteers and organisations associated with CrossTrek programs to facilitate the programs and to update and maintain records.

In the event of an incident, this information may be given to emergency service personnel

Your personal information will not be used for any other purpose or disclosed to any other party unless we have your consent or it is required by law. Your personal information is collected and managed in accordance with the Information Privacy Principles described in the Information Privacy Act 2009. You can access your own personal information by contacting the Queensland State Award Office.

PARTICIPANT CONSENT - All Participants to Complete

I (full name) _____

Am consenting to participate in CrossTrek Programs

- I understand that CrossTrek Adventure Based activities – specifically Bushwalking/Hiking activities - are physically, socially and emotionally demanding. They may include participation in outdoor activities conducted in remote or semi-remote bush areas.
- **I understand that certain risks and dangers will exist such as (but not limited to) loss or damage to personal property, injury or fatality.**
- I acknowledge that while the staff will make every reasonable effort to minimise risks, not all dangers associated with the activities can be foreseen. I accept the fact that, while the CrossTrek program staff are skilled and experienced, they cannot guarantee my safety since some risk are beyond their control.
- I have a personal responsibility to follow safety guidelines established by program staff and I will inform them if I do not understand what is expected of me. I am aware that if I choose not to continue the activity for any reason I can discuss this with the program staff. I can expect program staff to value my choice and encourage responsible decision-making. I understand that while every effort will be made by staff to allow me to exit the activity, my choice cannot put other participants at risk. I understand that non-identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I am sufficiently fit to participate in this program. I agree to notify the program staff of any changes to my health and fitness, which may occur before, or during the program. Should I become ill or injured, I give my consent to the program staff to provide or arrange for provision of medical treatment or rescue services as they see fit. I agree to pay for any such treatment or medical advice.

SIGNED:

DATE:

If participant is under 18 - PARENT / *GUARDIAN CONSENT

I (full name) _____

Of (address) _____

Phone (home) _____

Phone (other) _____

- I consent to my child's' participation in CrossTrek program, including travel. I understand that the outdoor nature of the program will involve risks. CrossTrek staff undertake to use the utmost care in ensuring each participant has a safe environment to meet personal challenge. I understand that appropriate information will be provided to participants before they participate in activities and that they may choose their own level of participation. I understand that non identifiable program evaluation data will be collected as part of the program. This data may be used in reports.
- I consent for the supervisor in-charge to obtain appropriate medical attention in the event of accident or illness and I undertake to pay for any such treatment or medical advice. I understand that I will be informed at the earliest reasonable opportunity.

SIGNED:

DATE: