
Event Consent and Risk Disclosure Form

Event details: **Year 9 Camp 2009** Date(s): **7th – 11th December 2008**

Please return this form to the office by: **Wednesday 3rd December**, including payment of **\$90**

Cheques payable to “**Mount Aspiring College**” and **EFPOS / VISA** is available at the main office

It is important that this form is completed by all participants in any trip / event outside of college to comply with the college health and safety requirements. Details on these forms remain confidential to staff, contractors and volunteers involved in supervising the trip / event. In the event of an accident or medical emergency, it is important that the details you provide are accurate and complete.

I give permission for _____ (student's full name and year level) to participate in the trip / event outlined above. I agree that if my child is involved in a serious disciplinary problem, including the use of illegal substances and / or alcohol, or actions that threaten the safety of others, he / she will be sent home at my expense. I have read any information sheets attached and agree to my child's participation in the activities described. I acknowledge the need for them to behave responsibly. I understand there are risks associated with involvement in education outside the classroom events and that these risks cannot be completely eliminated. I understand the college will identify foreseeable risks or hazards and implement correct management procedures to eliminate, isolate or minimise those hazards.

I know that I am able to ask any questions of the college about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such events is voluntary, not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

I understand that the college does not accept responsibility for loss or damage to personal property.

I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medicine is clearly labelled and handed to the designated adult with instructions on its administration. I will inform the college as soon as possible of any changes in medical or other circumstances between now and the conclusion of the programme.

In an emergency, I agree to my child receiving any medical, dental or other treatment (including anaesthetic or blood transfusion) as considered necessary by the medical authorities present.

Any medical costs not covered by ACC or a community services card will be paid by me.

Parent / caregiver's name

Parent / caregiver's signature

IMPORTANT! – Please complete contact details and medical information overleaf.

Event Contact and Health Form

Name of student: _____ Year Level _____

In the event of an emergency during the event please contact:

Name: _____ Phone (day): _____

Phone (eve): _____ Cell phone: _____

Name: _____ Phone (day): _____

Phone (eve): _____ Cell phone: _____

Please give details of any medical conditions which staff should be aware of: (eg, Migraine / epilepsy / asthma / diabetes / heart condition / fainting / fits / dislocations / recent concussion)

Is the student currently taking any medication? If so, please give details: **You must ensure that the student has any required medication with them on the trip / event, otherwise they may not be able to attend.**

Is the student allergic to any of the following (if yes, please specify):

Prescription medicine _____

Foods _____

Insect bites / stings: _____

Other allergies: _____

In the case of an allergic reaction, what treatment is required?

If preventive medication is required, please ensure that the student brings this with them.

Has the student had any major injuries or illness in the past few months that may limit his / her full participation in activities? If so, please specify:

Is there any information the staff should be aware of to ensure the physical and emotional safety of your child during the event? If so, please specify:

Thank you for your assistance.