



264 Rubicon Road
 THORNTON 3712
 Ph 5773 2285

MEDICAL INFORMATION – Valid for 2009 / 2010

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. Under the *Information Privacy Act 2000* and the *Health Records Act 2001*, schools have a duty to protect the privacy of the individual with regard to their personal and health information. All the personal and health information collected by this form will be kept confidential and used only for the purpose of providing appropriate care for your child. This form may be copied and held by Rubicon Valley Horse Riding as per *Information Privacy Act 2000* and the *Health Records Act 2001* guidelines. Health information is asked for such that staff can properly care for your child; withholding relevant health information may put your child’s health at risk.

- School:**
1. Child's First Name Surname:
2. Sex: Child's Age: (yrs) Date of Birth:/...../.....
3. Your Surname (if different from child's surname):
4. Your home address: Postcode:
5. Your home Ph No: () Work Ph No: ()
6. Mobile Ph No:
7. Alternative Contact Person: Phone No: (.....)

Medical and Health Insurance Details

8. Doctor's Name: Doctor's Phone No. (.....)
9. Medicare Number: Child's No (eg 2, 3, 4)
10. Medicare Card Valid to: / 20..... Ambulance Member. No.

Please answer YES or NO to the following and give details if YES:

ITEM	YES / NO	DETAILS
Asthma - please attach management plan		
Special dietary needs, including religious diets		
Allergy to food – please specify foods		
Allergy to Bees / Wasps – if known		
Allergy to Medicine – please specify		
Epilepsy or fits		
Bedwetting		
Contact Lenses		

11. **Swimming Ability** Good Fair Poor Non swimmer (Please Circle one)
12. **Medication** - detail any medication being brought to the Centre.

Name of Medication / s	Dosage	When Given / Instructions

13. Does your child have any recent injuries, special physical disabilities or circumstances?
YES / NO If “YES” please provide further details:

.....

.....

Parent/Guardian Name: (Please Print)

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

~ **“Excellence In Outdoor Education”** ~



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CONSENT FORM

School:
Child's Given Names: Surname:.....
(BLOCK LETTERS)
Address:.....

PARENT OR GUARDIAN'S CONSENT

I agree to my Child's attendance at Rubicon Outdoor Centre and to her/his taking part in any excursion or activity arranged for students in connection with the Centre's program. I understand that programmed activities involve an element of risk¹, and at times my child may be some distance from fully qualified medical aid. I am aware that my child may be transported by bus, 4WD or sedan.

In the event of my child being unable to accompany the rest of the group home due to ill health or accident, I will make the necessary arrangement in liaison with the Principal for his/her return.

In the event of an accident, I authorise the obtaining on my behalf, of any medical assistance my child may require. I understand that all medical, surgical and anesthetic procedures involve risks. I accept the responsibility for payment of any expenses thus incurred, including transport by ambulance.

In the event of my child causing deliberate damage to camp property I agree to reimburse the Centre for the repair or replacement of such property.

In the event of my child found using, or in possession of, cigarettes, alcohol, or unlawful drugs, or behaving in a manner deemed as being a safety risk to others, I accept responsibility for removing or arranging to remove him/her from Rubicon Outdoor Centre, if deemed necessary by the Principal.

I will notify the school if my child is in contact with any infectious disease within four weeks of attendance at Rubicon Outdoor Centre.

I also consent to my child being photographed and/or visual images of my child being taken during activities, for use in the Centre's publications, on the Centre Web Site, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.

(Please strike out this paragraph if you do not agree)

Name of Parent / Guardian:
(Please Print)
Parent /Guardian Signature: Date: / /

STUDENT UNDERTAKING

I have read, understood and agree to abide by the Rubicon Student Code of Conduct (as outlined on the website). I understand that the Rubicon program will be challenging at times; I agree to participate to the best of my ability.

Student's Signature: Date: / /

¹ Risk Activities at Rubicon Outdoor Centre include: bush cooking, bush walking, overnight camping, canoeing (flat water and white water), cross country skiing, environmental studies, high ropes course, horse riding, initiative activities, mountain bike riding, rock climbing and abseiling; regaining (orienteering), swimming (open water and rivers) and white water rafting. Your daughter / son may be involved in some or all of these activities; please refer to our website: www.rubicon.vic.edu.au for further information on any given activity. Please contact the Assistant Principal on: 5773 2285 if you wish to discuss the program.