CAMP KOKODA
LEADERS IN OUTDOOR EDUCATION

STUDENT MEDICAL AND PROGRAM CONSENT FORM

School / Organisation: .....

Surname: ..... Given Names: .....

Age: .....Date of Birth:..... Gender: M / F

Address: .....

Suburb / Town: ..... State: .....Postcode: .....

Emergency Contact 1 (name): ..... Relationship: .....

Phone Number: (H) ..... Phone Number: (W/ Mobile) .....

Emergency Contact 2 (name): ..... Relationship .....

Phone Number: (H) ..... Phone Number: (W/ Mobile) .....

We must be able to contact the above people 24 Hours a day

Doctor's Name: ..... Phone Number: .....

Ambulance Subscriber: Yes / No If Yes Number: .....(for non QLD residents only)

Medical Cover (Agency): ..... Number: .....

Medicare Number: .....

MEDICATION

Is your child currently taking medication? Yes/No

Drug Name	Dosage	Frequency	Doctor's instructions

Please ensure all medication is clearly labelled with child's name and dosage requirements and handed to the accompanying adult before departure to Camp Kokoda. No medication is to be carried by a child unless the accompanying adult is advised. Ensure that your child has a double supply of medication for the duration of the program. If your child has an Anaphylaxis reaction then they are required to bring two (2) Epipens.

Do you authorise the provision of **paracetamol** to your child should the need arise? YES / NO

Signed (Parent/Guardian if participant is under 18): .....

If "yes" please state the dosage: .....

MEDICAL HISTORY

When was your child's last Tetanus Booster ___/____/___

Has your child ever suffered from:	**Yes**	**No**	
Asthma	☐	☐	**If your child has asthma please answer these 5 KEY QUESTIONS**: ☐ Has your child ever been hospitalised or required urgent medical attention for their asthma? ☐ Does your child require asthma medication on a daily basis? ☐ Does your child wake regularly at night due to their asthma? ☐ Is your child's peak flow consistently below expected level despite optimal treatment? ☐ Is your child unable to confidently self-manage their asthma? **IF YOU TICKED YES TO ANY OF THE 5 KEY QUESTIONS PLEASE COMPLETE A CAMP KOKODA ASTHMA MANAGEMENT FORM WITH YOUR FAMILY DOCTOR.**
Allergies	☐	☐	**If YES what is your child allergic to?** …… If allergy is related to medication do not complete Severe Allergic Reaction Management Form, just nominate medication above. **If your child has allergies please answer these FIVE KEY QUESTIONS:** ☐ Does the student suffer a systemic reaction to their allergy? (Any rash, itchiness or swelling **AWAY** from the site that poison enters.) ☐ Does the student suffer an anaphylactic reaction to their allergy? (Severe breathing difficulties, swelling of body, emergency situation.) ☐ Is there a family history of anaphylaxis? ☐ Has the student ever been hospitalised due to an allergic reaction? ☐ Is adrenalin (e.g. adrenalin injection, medi-epihaler, epi-pen) administered to the student when they suffer an allergic reaction? **IF YOU TICKED YES TO ANY OF THE 5 KEY QUESTIONS PLEASE COMPLETE A CAMP KOKODA SEVERE ALLERGIC REACTION MANAGEMENT FORM WITH YOUR FAMILY DOCTOR.**
Diabetes	☐	☐	If **YES** please complete a **Diabetes Management Form**
Epilepsy	☐	☐	If **YES** please complete a **Medical Management Form**
Heart problems	☐	☐	If **YES** please complete a **Medical Management Form**
Blood pressure	☐	☐	
Recent illness, injury, operation	☐	☐	
Sleep walking	☐	☐	
Migraines	☐	☐	
Behavioural issues eg ADD	☐	☐	
Disabilities	☐	☐	
Current illnesses eg. colds, viruses, measles, chicken pox, head lice, hepatitis A,B,C, blood disorders	☐	☐	

If you have any further details which may assist us in taking care of your child during this program, please attach a separate note to this form. Feel free to contact us personally if you wish to discuss any concerns.

Further information attached to this form: Yes / No

DIETARY REQUIREMENTS

Dietary Requirements:
Please tick if your child has a strict dietary requirement that is essential to their health and well-being (e.g. food allergy):

- ☐ Coeliac (Gluten Free)
- ☐ Lactose intolerant
- ☐ Vegetarian
- ☐ Vegan
- ☐ Halal

Other specific allergies or dietary requirements:……
…….

- Does your child wear contact lenses? Yes / No

- Swimming Ability (please circle) Strong……..…...Average……..……Poor……....

DECLARATION

This medical information is confidential and will be used to help Camp Kokoda staff respond to any injury or condition that may arise throughout the duration of the Camp Kokoda program. The completion of all sections is very important.

I acknowledge that through participation in the program activities, as organised by Camp Kokoda, that in addition to usual risks inherent, certain other risks and dangers may be encountered, which may include (but not limited to): remoteness to normal medical services, moderate physical exertion for which I may not be prepared; weather extremes subject to sudden unexpected change; evacuation difficulties if I am disabled. I accept the fact that while Camp Kokoda staff are skilled and experienced, they can not guarantee my safety since some risks are beyond their control. I willingly agree to follow and comply fully with the safety standards and procedures as described by Camp Kokoda staff for each activity my child participates in.

In an emergency, I understand every effort will be made to contact parent/guardian immediately, however, I hereby authorise employees of Camp Kokoda in the obtaining on my behalf of such medical assistance as my child may require in the event of an accident/illness. I further authorise qualified medical practitioners to administer anaesthetic if the need arises. I understand that I am responsible for the cost incurred in obtaining such medical attention/treatment. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the Laws of Australia.

Print Name: .....Date: _____/_____/_____

Signature: .....

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MEDIA RELEASE FORM

This media release form is for the purpose of creating information and promotional media for Camp Kokoda, to use now and in the future. Please have a parent or legal guardian of any participant 18yrs and under complete this form.

Nominated Participant: .....
(Student/Participant)

1) I, the undersigned, hereby authorise to photograph the nominated participant, take motion pictures and/or make electronic recordings of the nominated participant (herein referred to as photographic or electronic reproductions).

2) I authorise the use of any such photographic or electronic reproductions of the nominated participant for any purpose, including, but not limited to educational and other media as may be deemed appropriate by Camp Kokoda (I understand that the nominated participant may be identifiable from such photographic or electronic reproductions).

Agreed and accepted by:

Print Name: .....
(Parent or Guardian)

Relationship to Participant: .....

Address: .....

Suburb: ..... Post Code: .....

Phone Number: .....

Signature of Guardian: .....

(If nominated participant under 18yrs)