

Guidelines for disclosure of medical information at Orton Bradley Outdoor Education Centre

Below are 2 documents

The first 2 pages are a recommended medical disclosure form for all people (including parents and teachers) attending Orton Bradley Outdoor Education Centre.

The next page is a summary form to be used as a practical method of disseminating relevant information in the field

Instructions

1. Please photocopy the individual form and ask all people attending the camp or day trip to fill one out.
2. When all forms are back, read through them noting any relevant details on the summary form.
3. Ensure there are enough copies of the summary for all groups to have an adult with the appropriate information at all times.

Points to consider:

- If possible, arrange a meeting with Pete or Kirsten before the activities start to go through the summary and identify any potential problems.
- You may want to do a separate summary for the cooks detailing food allergies and vegetarians etc.
- It's best to talk to the instructor about relevant medical information immediately prior to the activity.
- Decide if there are any people with conditions that an accompanying adult must be aware of at all times. For instance: insulin dependent diabetes or severe anaphylaxis. It may be best to have an individual form for these students or some other method of disclosure. This is to preserve the privacy of other students whose medical info is not as relevant.
- People who are prone to uncontrolled seizures should not be part of the belay team on the high ropes. Generally if the condition is controlled to the degree that the person can hold a drivers license, belaying shouldn't be a problem.
- Recent broken bones (less than 2 weeks out of plaster) can re-break easily. Our accident record shows that participants are much more likely to receive a big enough knock to re-break a bone during free time or walking along the tracks than during our activities. However, we do not recommend that people who have recent broken bones do coastering, the waterfall abseil, low ropes or some group initiatives

Individual medical form for all people attending Urton Bradley Outdoor Education Centre

Name Medic Alert number
(if applicable)

1. Please tick if you have any of the following:

Migraine <input style="width: 30px; height: 20px;" type="checkbox"/>	Epilepsy <input style="width: 30px; height: 20px;" type="checkbox"/>	Asthma <input style="width: 30px; height: 20px;" type="checkbox"/>
Diabetes <input style="width: 30px; height: 20px;" type="checkbox"/>	Travel sickness <input style="width: 30px; height: 20px;" type="checkbox"/>	Fits of any type <input style="width: 30px; height: 20px;" type="checkbox"/>
Chronic nose bleeds <input style="width: 30px; height: 20px;" type="checkbox"/>	Heart condition <input style="width: 30px; height: 20px;" type="checkbox"/>	Dizzy spells <input style="width: 30px; height: 20px;" type="checkbox"/>

Other (please specify)

For overnight events

Sleepwalking Bedwetting

2. Are you currently taking medication? Yes No

If YES, please state: Ailment/s

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? Yes No

If YES, please state the injury/illness.

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 250px; height: 20px;" type="text"/>
Food	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 250px; height: 20px;" type="text"/>
Insect bites/stings	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 250px; height: 20px;" type="text"/>
Other allergies	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 250px; height: 20px;" type="text"/>
What treatment is required?	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 20px; height: 20px;" type="checkbox"/>	<input style="width: 250px; height: 20px;" type="text"/>

5. When was your/your child's last tetanus injection?

6. Outline any dietary requirements.

7. What pain/TIU medication may your child be given if necessary?

8. To the best of your knowledge, have you/your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If YES, please give brief details.

9. Is there any information the staff should know to ensure the physical and emotional safety of you/your child? (For example cultural practices; disability; anxiety about heights/water/darkness/small spaces; pregnancy; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labeled, securely fastened and handed to the designated adult with instructions on its administration.

I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.

I agree to my child/myself receiving any emergency medical, dental, or surgical treatment, including anesthetic or blood transfusion, as considered necessary by the medical authorities present.

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

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, s/he will be sent home at my expense.

Print name

Signed

To be read and signed by adult participant or parent/caregiver of child participant.

Date

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