



Dear Parent/Guardian,

Your child's school and **southbound adventures** have carefully considered the activities, location and timing for this outdoor education program. For the time your child will be with us, we will ensure that their safety and welfare is our prime concern. You can help us in this regard by attending to the following matters on their behalf.

### **Medicines**

Any medications taken by your child should be detailed on our medical form. Instructions regarding dosage, frequency etc should be clearly advised. The name of your child should be noted predominantly on any medication. If administration of medicine is to be done by a person other than your child, please ensure full instructions are provided to the school prior to the commencement of the camp.

### **Asthma**

Detailed on the reverse of our medical form is an Asthma Management Plan. If your child has asthma you will be required to complete this portion of the form. If your child has been hospitalised due to an Asthma related condition, **irrespective of the time of the last occurrence, it must** be recorded as well.

### **Allergies**

If your child has any known allergies it is required that you complete part two of the allergic reaction management form. Giving details of last occurrence and in particular the medication that will be provided for the program.

### **Tetanus**

Your child may run a risk of infection from any abrasions or cuts. We recommend that tetanus immunisation is current for your child.

### **Fractures / Dislocations/ Sprains**

If your child has a history of fractures, recurring dislocations or sprains please let us know so we can, if necessary, modify our techniques for the activities to be undertaken. Any fracture, dislocations or sprains that have occurred in the past 3 years are to be noted.

### **Description of Medications**

The following medications will be carried by **southbound** guides in their first aid kits; Panadol-500mg –Paracetamol for pain relief, Naprogesic- for period pain, Immodium - for diarrhoea, Glucodin -glucose tablets, Mylanta – Antacid, Lemsip Sachets-cold and flu relief, Claratyne -non-drowsy antihistamine, Gastrolyte- electrolyte for dehydration, Ventolin- for asthma, Senakot -laxative, Stingoes -relief for bites and stings, EpiPen –adrenalin injection for an anaphylactic allergic reaction.

## Mobile Phones

**southbound adventures** requests, mobile phones **do not** come away with students on expeditions.

## Eye care

If your child wears contacts we consider it advisable that he or she knows how to remove them and store them. They should bring with them their regular lens cleaning kit as well. For glasses, a head strap should prevent loss or possible damage during activities. If there is a spare set of glasses or contacts at home, we would recommend they be brought to camp.

## Warmth / Keeping dry

Being away from normal shelter during the camp may pose an additional problem if not adequately prepared. Please follow our recommended gear list carefully. We would suggest that you look at least at a medium quality styled rain jacket or coat. Those extra few dollars spent will certainly be appreciated on a wet day during the camp, or any time in the future.

## Strapping tape

If your child normally requires the strapping of joints for sport or otherwise could you please ensure that sufficient is taken for the duration of the camp. If your child is allergic to strapping tape please supply non-allergenic tape.

## Digital Photos

**southbound adventures Pty Ltd** may take images (digital, still or video) of students during activities, which may be used on the **southbound adventures** website or promotional material. Images used for this purpose will only represent the school, **southbound adventures** and each participant in a positive image.

## Anything else we should know

Please contact us direct, or your school program coordinator, if you want to advise any other special considerations. Confidentiality is assured.

## Parent Pickup

In the event of a student being unable to continue the program we will require a pickup by parents. **southbound adventures** office staff will email or fax maps or give clear directions to the venue to assist.

## Kind Regards

**Ian Robinson**  
Managing Director



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**southbound** *adventures* Pty Ltd. A.B.N. 62 061 979 262  
**STUDENT MEDICAL FORM**

PO Box 4057 SHELLHARBOUR 2529 **Phone** (02) 4257 4888 **Fax** (02) 4257 4800 **Mobile** 0418 970 056 **email:** [staff@southbound.com.au](mailto:staff@southbound.com.au)

The purpose of this form is to allow us to adequately prepare for your son/daughters program of activities. This information is strictly confidential and will not be used to deny access to any part of the program. This information will not be resold, reused, rented, loaned or otherwise disclosed to a third party, except with prior written permission.

Name \_\_\_\_\_ DOB \_\_\_\_\_ Phone H \_\_\_\_\_ Mobile \_\_\_\_\_

Address \_\_\_\_\_ Postcode \_\_\_\_\_

Medical Fund \_\_\_\_\_ Medicare Number \_\_\_\_\_ Female  Male  *Please Tick*

**Emergency Contact Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone H** \_\_\_\_\_

**Address** \_\_\_\_\_ **Mobile** \_\_\_\_\_

**Doctor** \_\_\_\_\_ **Dr Phone** \_\_\_\_\_ **Date of last Tetanus Inoculation** \_\_\_\_\_

Distance your son/daughter can swim without assistance  50 Metres  100 Metres  250 Metres or more *Please Tick*

Detail any specific dietary requirements your son/daughter has \_\_\_\_\_

Does your son/daughter have any known allergies?  Yes  No *Pls Tick* If yes, **what is the allergy?** \_\_\_\_\_

**Allergies – You MUST complete the Allergic Reaction Management Plan pages 4 to 6 of this form.**

Does your son/daughter have any disabilities or illnesses? (eg asthma, diabetes, epilepsy, dyslexia, deafness, vision impaired, high blood pressure, heart and or lung condition), **please give details** \_\_\_\_\_

If yes to any of the above, has your son/daughter ever been hospitalised for the condition? **please give details** \_\_\_\_\_

**Asthma – You MUST complete the Asthma Management Plan page 4 of this form.**

Does your son/daughter wear glasses or contacts?  Yes  No Does your son/daughter have dentures/false teeth?  Yes  No

Has your son/daughter ever suffered from a stress related illness?  Yes  No *Please Tick*

If yes, **please give details** \_\_\_\_\_

Is your son/daughter currently taking any form of medication?  Yes  No **This Medication MUST be brought to the program.**

**Please give details, including dosage and frequency** \_\_\_\_\_

Does your son/daughter have any past injuries?  Yes  No *Please Tick* If yes, **date and details please** \_\_\_\_\_

Has your son/daughter undergone surgery in the past 3 years?  Yes  No *Please Tick*

If yes, **please give details including date and type** \_\_\_\_\_

Are there any other medical conditions we should be aware of? \_\_\_\_\_

**Important Notice**

**I acknowledge that Southbound Adventures guides will be carrying the following medications in their first aid kits;**

**Please tick and initial the medications THAT ARE NOT TO** be administered in the event of a medical situation. Refer to parent letter for med description.  
Panadol-500mg , Naprogesic-275mg , Dia Check , Imodium-2mg , Glucodin-50mg , Mylanta , Lemsip Sachets-500mg , Claratyne-10mg ,  
Gastrolyte-5.2g , Ventolin-100mg , Senakot-7.5mg , Stingoes , EpiPen -0.3mg .

**Risk Warning**

Participation in the program of activities organised by Southbound Adventures Pty Ltd carries a risk that a participant may suffer personal injury or in very rare cases permanent disability or death. Such injuries may occur by participation and exertion in an activity with which participants may not be familiar, or by participants making errors of judgment or failing to follow instructions in performing various activities. In addition, risks may arise from loss of property, remoteness to normal medical services, or from changeable and sometimes extreme weather conditions.

**Acknowledgement by Parent**

1. I have read and understood the Risk Warning above.
2. I acknowledge that students, including my child/ren, to whom recreation services are supplied by Southbound Adventures Pty Ltd engage in those recreational activities at their own risk.
3. I acknowledge that Southbound Adventures Pty Ltd hereby exclude any liability under Division 5 of the *Civil Liability Act* that may result from breach of an express or implied warranty that the services be rendered with reasonable care and skill.
4. I agree that if my child/ren suffer injury or illness during the course of the program, Southbound Adventures Pty Ltd, their agents or operators, may at my cost arrange medical treatment and/or emergency evacuation services, as they deem appropriate for the safety of my child/ren.

Parent/Guardian (Print Name) \_\_\_\_\_ (Signature) \_\_\_\_\_ Date: \_\_\_\_\_

**Name of Student:** \_\_\_\_\_ **School:** \_\_\_\_\_ **Group:** \_\_\_\_\_

**Asthma Management Plan**

Your time in completing these forms is greatly appreciated and only assists us in being better prepared for your son/daughters Outdoor Education Program.

To assist us in taking the appropriate precautions for your child/ren, it is important that we have the following information. The Asthma Foundation recommends this level of information as a minimum.

Name: \_\_\_\_\_

Regular medication: \_\_\_\_\_

Quantities and daily dosages: \_\_\_\_\_

Additional medication to be taken during an attack: \_\_\_\_\_

**The medications listed above MUST be brought to the camp.**

Expected best Peak Expiratory flow reading: \_\_\_\_\_

Peak Expiratory flow reading requiring extra medication: \_\_\_\_\_

Peak Expiratory reading when advisable to seek medical assistance: \_\_\_\_\_

Known trigger factors (please tick any appropriate item);

- Dust of any sort, in sufficient quantities
- Sudden change in temperature
- Contact with animals
- Grass and weed pollens, mould
- Atmospheric pollution
- Vigorous exercise
- Other – Details: \_\_\_\_\_

**Any further information that you may wish to supply us with regarding any medical considerations for your child/ren would be greatly appreciated.**

**Allergic Reaction Management Form - Part One**

Please read through the allergy management form and complete;

Has your son/daughter ever suffered an allergic reaction to;

- Insect bites
- Food groups or additives
- Plant Pollens
- Toxins
- Detergents or cleaning agents
- Other triggers

**Allergic Reaction Management Form - Part Two**

Seek the advice of your medical practitioner if necessary when completing this form.

Name: \_\_\_\_\_

What is your son/daughter allergic to? \_\_\_\_\_

What are the signs and symptoms of the reaction? \_\_\_\_\_

Has your son/daughter at any time suffered from;

- A localised reaction** (any rash, itching, swelling at the site the poison has entered)
- A systemic reaction** (any rash, itching swelling away from the site where the poison has entered)
- An anaphylactic reaction** (severe breathing problems, swelling of the body, emergency situation)

What medication does your son/daughter take (if any) for prevention against an allergic reaction?

**All medication for your son/daughters allergic reaction must be brought on the program by the participant and noted on the medical form.**

***What treatment is followed for your son/daughter if an allergic reaction occurs?***

***Continued page 6***



**Five vital questions** – (please answer by marking X in the appropriate box)

**Name:** \_\_\_\_\_

1. Does your son/daughter suffer a systemic reaction to the allergy?

Yes  No

2. Does your son/daughter have an anaphylactic reaction to the allergy?

Yes  No

3. Is there a family history of anaphylaxis?

Yes  No

4. Has your son/daughter ever been hospitalised due to an allergic reaction?

Yes  No

5. Is adrenaline (eg adrenaline injection, medi-epihaler, epi-pen) administered when your son/daughter suffers from an allergic reaction?

Yes  No

If **YES** has been answered to anyone of these 5 vital questions the following is mandatory:

**Your medical practitioner must be consulted about your son/daughters participation in the outdoor program.**

**Your son/daughters participation in the program will depend on full agreement by School Coordinator, Medical Practitioner, Parents/Guardians and Management of Southbound Adventures Pty Ltd.**

**The medical practitioner is to be advised the following information:**

- **On residential programs your son/daughter may be up to a ½ hour from medical/hospital attention.**
- **On wilderness programs your son/daughter may be up to 4 hours away from medical/hospital attention.**
- **All group leaders and program coordinators hold Leaders Wilderness First Aid qualification from Wilderness First Aid consultants (Ph 4782 4419). These staff will be with the group for the duration of the program.**



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