

CONSENT FORM

Student First Name: _____ **Student Surname:** _____

School: _____

Parent/Guardian Full Name: _____ **Relationship:** _____

Parent/Guardian Address: _____

_____ **Postcode:** _____

Home Ph: _____ **Work Ph:** _____ **Mobile Ph:** _____

Aboriginal or Torres Strait Islander: Yes No

Students Swimming Ability (Please circle one): **GOOD** **FAIR** **POOR** **NON-SWIMMER**

PARENT/GUARDIAN CONSENT (please circle as appropriate. If left blank, we will assume yes is the response)

I agree to my child using the internet and computer network at Rubicon Outdoor Centre in accordance with the internet policy at their current school.	YES	NO
I agree to photos and/or videos of my child being taken to be used for educational purposes by Rubicon Outdoor Centre (photos and/or videos will be securely archived and a copy will be given to your child's school).	YES	NO
I agree to photos of my child being used for publications, including, but not limited to, local newspapers and the Rubicon Outdoor Centre website (this does not include social media).	YES	NO
I agree to photos of my child being uploaded to the Rubicon Facebook page (you may request to have these photos removed at any time by contacting Rubicon Outdoor Centre).	YES	NO

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 her/his 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 anaesthetic 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 her/him 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.

Name of Parent/Guardian: _____

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 Signature: _____ **Date:** _____

¹ Risk Activities at Rubicon Outdoor Centre include: bush cooking, bush walking, overnight camping, canoeing (flat water and white water), caving, cross country skiing, environmental studies, high ropes course, horse riding, initiative activities, mountain bike riding, rock climbing and abseiling; rogain (orienteering), swimming (open water and rivers), sea kayaking 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.

MEDICAL INFORMATION [CONFIDENTIAL]

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence.

Student First Name: _____ Student Surname: _____

School: _____ D.O.B: _____

Gender: _____ Name & Address of Family Doctor: _____

Medicare No: _____ Medicare Card Expiry date: _____ Position on Card (e.g. 1): _____

Private Health Insurance: Yes No (if yes, member number): _____

Ambulance Member: Yes No (if yes, member number): _____

Student's Home Address: _____

Primary Emergency Contact: _____ Relationship: _____

Home Ph: _____ Work Ph: _____ Mobile Ph: _____

2nd Emergency Contact: _____ Relationship: _____ Ph: _____

✓	ITEM	DETAILS
	Dietary Requirements	
	Dizzy Spells/Blackouts	
	Epilepsy	
	Hay Fever	
	Heart Condition	
	Migraines	
	Sleepwalking	
	Travel Sickness	
	Previous Injuries	
	Physical Difficulties	
	Bed Wetter	
	Other	

Please tick the box on the left if your child suffers any of the following AND attach appropriate documentation:

<input type="checkbox"/>	Anaphylaxis	If ticked, you MUST provide an action plan for Anaphylaxis
<input type="checkbox"/>	Allergic Reactions	If ticked, you MUST provide an action plan for Allergic Reactions
<input type="checkbox"/>	Asthma	If ticked, you MUST provide an action plan for Asthma
<input type="checkbox"/>	Diabetes	If ticked, you MUST provide an action plan for Diabetes

Action plans for Anaphylaxis, Allergic Reactions and Asthma can be found at <http://rubicon.vic.edu.au/forms/>

Do you give permission for the following to be administered to your child if deemed necessary?

Paracetamol: Yes No Antihistamine: Yes No Note: _____

Medication: Is your child taking any medicine(s)? Yes No (if yes, please detail below)

Name of Medication/s	Dosage (amount)	Time/s to be taken	How is it to be taken? (e.g. orally/topical/injection)	Dates or Ongoing

All medication must be within the expiry date, in the original bottle or container clearly labelled with the name of the student, dosage and time to be administered and storage instructions.

Authorisation: Parent/Guardian Name (please print): _____

Signature: _____ Date: _____