

## CONSENT FORM

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian Full Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Parent/Guardian Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Aboriginal or Torres Strait Islander:  Yes  No

Student Swimming Ability (Please mark on the scale): **EXCELLENT** ----- 5 ----- 4 ----- 3 ----- 2 ----- 1 ----- **NON-SWIMMER**

Student Cycling Ability (Please mark on the scale): **EXCELLENT** ----- 5 ----- 4 ----- 3 ----- 2 ----- 1 ----- **NEVER RIDDEN**

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

I agree to photos and/or videos of my child being taken to be used for educational purposes by Rubicon Outdoor School.	YES	NO
I agree to photos and/or videos of my child being used for publications, including, but not limited to, local newspapers and the Rubicon Outdoor School website (this does not include social media).	YES	NO
I agree to photos and/or videos 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 School).	YES	NO

I agree to my child's attendance at Rubicon Outdoor School and to them taking part in any excursion or activity arranged for students in connection with the School's program. I understand that programmed activities involve an element of risk\*, 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 their 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 School property, I agree to reimburse the School for the repair or replacement of such property.

In the event of my child found using, or in possession of, banned substances, or behaving in a manner deemed as being a safety risk to others, I accept responsibility for removing or arranging to remove them from Rubicon Outdoor School, 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 School.

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: <https://rubicon.vic.edu.au>). I understand that learning at Rubicon can be physically challenging at times; I agree to participate to the best of my ability.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Risk activities at Rubicon Outdoor School may include: canoeing, caving, challenge ropes, cross country skiing, cycling, downhill skiing, kayaking, orienteering, rafting, rock climbing sea kayaking, sledding, snow shoeing, swimming. Your child may be involved in some, or all, of these activities. For further information, you can find the Adventure Activity Guidelines here: <https://www2.education.vic.gov.au/pal/excursions/guidance/adventure-activities>. You can also find School policies on our website: <https://rubicon.vic.edu.au/about-us/our-policies>. Please contact the relevant Campus Principal on 03 5773 2285 if you wish to discuss your child's program.

## MEDICAL INFORMATION [CONFIDENTIAL]

We collect personal and health information to plan for and support the health care needs of our students. Information collected will be used and disclosed in accordance with the Department of Education and Training's privacy policy (available here: <https://www.education.vic.gov.au/Pages/schoolsprivacypolicy.aspx>) which applies to all Government Schools.

Student First Name: \_\_\_\_\_ Student Last Name: \_\_\_\_\_

School: \_\_\_\_\_ Gender: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Doctor: \_\_\_\_\_ Doctor's Phone Number \_\_\_\_\_

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

Ambulance Member:  Yes  No ...If yes, member number: \_\_\_\_\_

1st Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2nd Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Paracetamol:  Yes  No Antihistamine:  Yes  No Note: \_\_\_\_\_

Will your child need to take any medication while attending Rubicon Outdoor School?  Yes  No

(if yes, you MUST complete the attached Medication Authority Form)

Does your child suffer from any of the following:

(if yes, tick each item that your child suffers from and add any relevant details)

✓	ITEM	
	Anaphylaxis	<b>If ticked, you MUST provide a current colour copy of the Action Plan that includes a photo of your child and has been signed by a doctor. If you need an Action Plan, you can find them here: <a href="https://rubicon.vic.edu.au/forms">https://rubicon.vic.edu.au/forms</a>.</b>
	Allergic Reactions	
	Asthma	
	Diabetes	

✓	ITEM	DETAILS
	Dietary Requirements	<input type="checkbox"/> Gluten-Free <input type="checkbox"/> Lactose-Free <input type="checkbox"/> Vegetarian <input type="checkbox"/> Vegan <input type="checkbox"/> Halal <input type="checkbox"/> Other: _____
	Dizzy Spells/Blackouts	
	Epilepsy	
	Hay Fever	
	Heart Condition	
	Migraines	
	Previous Injuries	
	Physical Difficulties	
	Sleep Issues (e.g. sleepwalking/bed wetting)	
	Travel Sickness	
	...Other	

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## MEDICATION AUTHORITY FORM

*For students requiring medication while at Rubicon*

Is your child taking any medicine(s)?    Yes    No   ...If yes, please complete details below:

Student Full Name: \_\_\_\_\_ Medic Alert Number: \_\_\_\_\_

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

*This form should, ideally, be signed by the student's medical/health practitioner for all medication to be administered at school but schools may proceed on the signed authority of parents in the absence of a signature from a medical practitioner.*

*Please only complete the sections below that are relevant to the student's health support needs. If additional advice is required, please attach it to this form.*

*Students in the early years will generally need supervision of their medication and other aspects of health care management. In line with their age and stage of development and capabilities, older students can take responsibility for their own health care. Self-management should be agreed to by the student and their parents/carers, the school and the student's medical/health practitioner.*

*Please note: School staff will seek emergency medical assistance if concerned about a student's behaviour following medication.*

Medication to be administered at Rubicon:					
Name of Medication:	Dosage (amount):	Time/s to be taken:	How is it to be taken? (e.g. oral/topical/injection)	Dates to be administered:	Supervision required:
				Start: End:  OR  <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer
				Start: End:  OR  <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer
				Start: End:  OR  <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer
				Start: End:  OR  <input type="checkbox"/> Ongoing medication	<input type="checkbox"/> No – student self-managing <input type="checkbox"/> Yes <input type="checkbox"/> Remind <input type="checkbox"/> Observe <input type="checkbox"/> Assist <input type="checkbox"/> Administer

Please indicate if there are any specific storage instructions for any medication: \_\_\_\_\_

Name of Parent/Guardian (please print): \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_