Rubicon
Outdoor School

CONSENT FORM

Student First Name: _____ **Student Last Name:** _____

School: _____

Parent/Guardian Full Name: _____

Relationship to Child: _____ **Phone Number:** _____

Aboriginal or Torres Strait Islander: ☐ Yes ☐ No **Health Care Card**: ☐ Yes ☐ No

Student Swimming Ability (Please circle on the scale)**:** *(Excellent)* **5** ----- **4** ----- **3** ----- **2** ----- **1** ----- **0** *(Non-Swimmer)*

Student Cycling Ability (Please circle on the scale)**:** *(Excellent)* **5** ----- **4** ----- **3** ----- **2** ----- **1** ----- **0** *(Never Ridden)*

PARENT/GUARDIAN PHOTOGRAPHY CONSENT (please circle as appropriate. If left blank, we will assume **YES** is the response):
Note: Photos and/or videos of your child will be stored on Rubicon owned and managed servers for no longer than 12 months. Some of these photos may be printed for display in the school prior to deletion.

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 Rubicon owned and managed services such as the School website (this does not include social media)	**YES**	**NO**
I agree to photos and/or videos of my child being shared on the Rubicon Facebook and Instagram accounts (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 teaching and learning practices. I understand that these practices involve the use of adventure activities* as part of student learning. I am aware that my child will be transported by School vehicles as part of their attendance.

I understand that, at Rubicon Outdoor School, inappropriate use of mobile phones is any use during my child's time at Rubicon, unless an exception has been granted (Rubicon's mobile phone policy can be found here: https://rubicon.vic.edu.au/about-us/our-policies).

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 Rubicon Principal for their return.

In the event of an accident, I authorise Rubicon Outdoor School to obtain, on my behalf, 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 self or others, I accept responsibility for removing or arranging to remove them from Rubicon Outdoor School, if deemed necessary by the Rubicon Principal.

I will notify the school if my child is in contact with any infectious disease within two 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 Behavioural Expectations (https://rubicon.vic.edu.au/students/learning-with-us).
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:** _____

*Adventure 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 and swimming. 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. Contact the relevant Campus Principal on 03 5773 2285 if you'd like to discuss your child's program.

Rubicon
Outdoor School

MEDICAL INFORMATION [CONFIDENTIAL]

We collect health and wellbeing information to support the healthcare needs of our students. This information is stored in FileMaker, our student management database, and will be used and disclosed in accordance with our school policies. More information around privacy, data collection, school use of FileMaker and other school policies can be found here: https://rubicon.vic.edu.au/about-us/our-policies.

Student First Name: _____ **Student Last Name:** _____

School: _____ **Gender:** _____ **Date of Birth:** _____

Student Address: _____ **Postcode:** _____

Language Spoken at Home: ☐ English ☐ Other (provide details): _____

Name of Doctor: _____ **Doctor's Phone Number** _____

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

1st Emergency Contact Name: _____

Relationship to Child: _____ **Phone Number:** _____

2nd Emergency Contact Name: _____

Relationship to Child: _____ **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 note any relevant details)

✓	ITEM	DETAILS
	Anaphylaxis*	
	Allergic Reactions*	
	Asthma*	***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: https://rubicon.vic.edu.au/forms.***
	Diabetes*	
	Health Support Plan*	
✓	**ITEM**	**DETAILS**
	Dietary Requirements	☐ Gluten-Free ☐ Lactose-Free ☐ Vegetarian ☐ Vegan ☐ Halal ☐ Other (provide details):
	Dizzy Spells/Blackouts	
	Epilepsy	
	Hay Fever	
	Heart Condition	
	Migraines	
	Previous Injuries	
	Sleep Issues (e.g. sleepwalking/bed wetting)	
	Travel Sickness	
	Other	
	Extra Supports (physical, learning, wellbeing	
	I consent to Rubicon Outdoor School contacting me to discuss potential wellbeing or support needs for my child	

Name of Parent/Guardian (please print)**:** _____

Parent/Guardian Signature: _____ **Date:** _____

Rubicon
Outdoor School

MEDICATION AUTHORITY FORM

For students requiring medication while at Rubicon

Is your child taking any medication? ☐ 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** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ Remind ☐ Observe ☐ Assist ☐ Administer
				Start: End: **OR** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ Remind ☐ Observe ☐ Assist ☐ Administer
				Start: End: **OR** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ Remind ☐ Observe ☐ Assist ☐ Administer
				Start: End: **OR** ☐ Ongoing medication	☐ No – student self-managing ☐ Yes ☐ Remind ☐ Observe ☐ Assist ☐ Administer

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

_____

_____

Name of Parent/Guardian (please print)**:** _____

Parent/Guardian Signature: _____ **Date:** _____