Konomie Island
ENVIRONMENTAL EDUCATION CENTRE
Inspiring future custodians through immersive island learning.

Adult Medical Form

Personal Information

Participant Name:		Date of Birth:	_____ / _____ / _____
School:			

Address:		Gender:			
Medicare number:		Ref #:		Expiry Date:	

Emergency Contact Name:		
Telephone:	(Daytime)	(After Hours)
Secondary contact person:		
Telephone:	(Daytime)	(After Hours)

Health & Medical Information

If you have any specialised health needs, please attach an ***Emergency Health Management Plan***.

	YES*	NO	Details
Anaphylaxis	☐	☐	
Allergies *(medication/other)*	☐	☐	
Recent operation or illness	☐	☐	
Asthma/other respiratory	☐	☐	
Heart conditions	☐	☐	
Epilepsy/seizures	☐	☐	
Diabetes	☐	☐	
Disability	☐	☐	
Other:	☐	☐	

Medication on camp

All personal medication*, including **over the counter medications**, needs to be carefully managed whilst on camp. Please consult with your leadership regarding the required documentation and processes required to facilitate your health, wellbeing and safety. KIEEC will work with your school to assist safe administration practices but WILL NOT be responsible for the administration of any medication beyond the provision of emergency first aid response.

Dietary Requirements

Food not to be eaten & reason	Anaphylaxis (touch)	Anaphylaxis (Ingestion)	Severe Reaction or Intolerance	Mild Reaction or Intolerance	Religious or Cultural
	☐*	☐*	☐*	☐	☐
	☐*	☐*	☐*	☐	☐
	☐*	☐*	☐*	☐	☐

Please provide more information:* ***Emergency Health Management Plan*

Informed Activity Consent

KIEEC provides safe, valuable, lifelong learning experiences. On camp, students can choose to participate in planned activities, some with inherently high risks. Our staff are experienced and knowledgeable in outdoor and environmental learning, and they manage risks appropriately, accepting only suitable levels of risk for valuable learning experiences. Please confirm that you understand the higher risk activities that are planned for your school's program and indicate any limitations to your consent.

☐ I am aware of the planned activities the camp program and the level of risks associated.					
☐ I wish to advise the following limitations in my ability to **safely supervise** the camp program:					
Participant Name:		Signature:		Date:	

Swimming and Snorkelling pre-assessment

Snorkelling is an activity that poses a significantly higher risk. The information on this form will be used to determine "At Risk Snorkelers" (ARS). This standard practice ensures that everyone is provided with appropriate attention and control measures for a safe experience, it is not designed to exclude anyone from participating. Participants who are identified ARS may be required to wear and/or use a flotation device that will support the wearer in a relaxed state or wear a particular colour rash shirt that will allow the crew to offer closer supervision.
Please ensure that you have you provided the most accurate, recent and relevant medical information on this form to enable the safest possible experience for all participants.

Swimming Ability: (please tick relevant)

☐ **Non swimmer** Not able to swim or tread water	☐ **Nervous Swimmer** Can swim short distances	☐ **Can swim 25 m** comfortably	☐ **Can swim 50 m** comfortably

Snorkelling Specific: (please tick relevant)

☐ **No previous snorkelling experience**	☐ **Prior snorkelling experience** Last snorkelling experience was: Month: Year:

Declaration

- I am aware that our collective actions and behaviours contribute to the camp experience and the safety of everyone. I understand my responsibility to actively support students to meaningfully engage with the learning program, and my responsibility to model safety and respect. I understand that following the safety instructions of KIEEC staff is essential.
- I understand that for a variety of reasons KIEEC teachers and administration may use professional discretion to adjust planned programs to positively impact safety and education.
- I am aware that if I am unwell on the day of departure, I am not to attend camp and if I become unwell whilst on camp, I may be required return home.
- I understand that KIEEC expects students to undertake challenges by choice. This means that whilst KIEEC teachers will support and encourage students and all participants to take on a challenge, they will always, when safe to do so, respect any participant's right to opt out and to say no. In this case, there is always other learning opportunities.
- I am aware of the activities that I will have the opportunity to undertake and to support through active supervision whilst on camp and the inherent risk associated with them. I understand that risk in activities is carefully managed through KIEEC's Curriculum Activity Risk Assessment Process.
- I am aware that Konomie Island is a remote location. In some instances, access to the nearest ambulance, doctor or hospital or advanced medical care may exceed two hours.
- I am aware that KIEEC Holds a RFDS medical Chest which may be used in response to any medical emergencies.

Name Signature Date

The Department of Education is collecting the personal information requested in this form in order to: obtain lawful consent for your child to participate in the activity; ensure appropriate catering; help coordinate the activity; respond to any injury or medical condition that may arise during, or as a result of the activity; and update school records where necessary. The information will only be accessed by authorised school staff and will be dealt with in accordance with the confidentiality requirements of, as applicable, s.426 of the Education (General Provisions) Act 2006 (Qld), the Information Privacy Act 2009 (Qld), and/or the Privacy Act 1988 (Cwlth). The information will not be disclosed to any other person or agency unless the disclosure is authorised or required by law, or you have given the department permission for the information to be disclosed.

Emergency Health Management Plan

Participant Name:		Date of Birth:	_____ / _____ / _____
Doctor Name:		Contact:	

Describe the condition:

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.....

What triggers the condition? (e.g., food, exercise, weather, pollen, bites etc.)

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.....

What preventative steps should be taken to avoid the onset of the medical condition?

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.....

What is the participant's usual signs and symptoms of the medical condition?

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.....

What strategies/medication do you take to relieve the medical condition?

Medication	Dosage	Method	How often

Detail the preferred First Aid steps or attach any existing Action Plans

Step 1	
Step 2	
Step 3	
Step 4	
Step 5	
Step 6	

Is there anything else we should know about the participant's medical condition?

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By signing this form, I understand that:

- It may be advisable to consult the participants Doctor before camp. A letter from the Doctor outlining the management of the medical condition may accompany this form when it is returned.
- Programs at KIEEC involve a high level of physical activity & are conducted predominantly outdoors.
- Konomie Island is a remote location. In some instances, access to the nearest ambulance, doctor or hospital or advanced medical care may exceed 2 hours.
- KIEEC holds a RFDS Medical Chest which may be used in response to any medical emergencies.
- KIEEC teachers carry Ventolin in their first aid kits and are trained to an intermediate first aid level.
- I declare that the information provided on this form is complete and correct, and I have provided any additional relevant information.

Signed:		Name:		Date:	