

Adult Medical Form

The purpose of this form is to allow us to adequately prepare for your program of activities.
The information is confidential and will not be used to deny access to any part of the program.

Name	D.O.B.	Phone Number
Address		Post Code
Medicare Number	Private Medical Insurance Company	Private Medical Insurance Number

EMERGENCY CONTACT

Name	Relationship
Address	Phone No.
Your Doctor	Phone No.

1 Do you have any allergies? Yes/No

If so, please complete the detailed Allergy Plan on the reverse.

2. Do you suffer from Asthma? Yes/No

If so, please complete the Asthma Management Plan on the reverse.

3. Do you have any medical conditions that would affect your ability to conduct outdoor activities?

If so, please provide details.

4. Are there any other conditions or recent injuries of which we should be aware?

5. Do you have any dietary requirements?

ASTHMA MANAGEMENT PLAN

Regular Medication/Quantities and Frequency _____

Additional Medication to be taken during an attack _____

1. Expected best Peak Expiratory flow reading _____
2. Peak Expiratory flow reading requiring extra medication. _____
3. Peak Expiratory flow reading when advisable to seek medical assistance _____

4. Known Triggers [Circle]

Dust of any sort

Plants, pollens or mould

Changes in Temperature

Exercise

Contact with animals

Atmospheric Pressure

Other _____

ALLERGIC REACTION MANAGEMENT FORM

Seek medical advice if necessary when completing this form.

What are your known allergies? _____

What are the signs and symptoms of the reaction? _____

Have you suffered at any time from:-

A localised reaction

[any rash, itching, swelling at the site the allergen has entered]

A systemic reaction

[any rash, itching, swelling away from the site the allergen has entered]

An Anaphylactic reaction

[severe breathing problems, swelling of the body, emergency management]

***All Medication for allergic reaction management must be brought on the program
by the participant and noted below.***

What is the treatment regime if an allergic reaction occurs? _____

IMPORTANT NOTICE

I acknowledge that by participating in the program of activities as organised by Tallong Outdoor Education & Retreat Centre, in addition to usual risks inherent, certain additional risk and dangers may be encountered which may include: remoteness to normal medical services; moderate physical exertion and/or emotional stress for which I may not be prepared; weather conditions subject to extreme and sudden change.

I agree to observe and comply fully with the safety standards and procedures, as described by the Tallong Outdoor Education & Retreat Centre staff, or agents for each activity in which I will participate.

I agree that if I suffer injury or illness during the course of these activities, Tallong Outdoor Education & Retreat Centre or their agents can at my cost arrange medical treatment and emergency evacuation services, as they deem essential for my safety. The information provided is a complete and accurate representation of all known physical and psychological factors that may affect participation in this program. I agree to inform Tallong Outdoor Education & Retreat Centre should there be any change in the status of my health prior to and during the program. I agree that this agreement shall be governed in all respects by and interpreted in accordance with the Laws of Australia

Name..... Signature.....Date.../...../...

Thank you for your time in completing this form, it is greatly appreciated and assists us in being better prepared to care for you during this Outdoor Education Program. If you have any questions or would like to speak further on any of these matters please do not hesitate to contact Tallong Outdoor Education & Retreat Centre.