

## OUTDOOR PURSUITS CONSENT FORM

### Activity:

Student Name: \_\_\_\_\_ Tutor Group: \_\_\_\_\_

I \_\_\_\_\_ give permission for my daughter \_\_\_\_\_ to attend the above activity

In signing this document for my daughter's participation in the outdoor pursuits/education programme, I am aware that certain elements of the course could be physically and emotionally demanding. Furthermore, I understand that certain inherent risks and dangers exist in the activities in which my daughter will be participating. I acknowledge that although the School, its staff and instructors employed by the School will make every reasonable effort to teach my daughter proper outdoor techniques and minimise exposure to known risks, all hazards and dangers associated with these activities cannot be foreseen or may be beyond the control of the School, its staff and the instructors employed by the School. I acknowledge that I have been provided with a description of the camp and/or activities.

I also understand that it is a condition of participation to accurately complete the Recent Illness Update Form if my current medical details differ from what I have supplied previously for the School's database.

I agree, in the case of my daughter suffering an injury or illness, that the School, represented by the Camp Leader be authorised to obtain any necessary ambulance, medical assistance and/or emergency evacuation services appropriate for my daughter's safety or well-being.

I authorise appropriately qualified medical or paramedical persons to administer medical treatment (including anaesthetics and blood transfusions) which, in their opinion, is required for my daughter. I accept responsibility for any medical and other necessary costs incurred.

I declare that if a personal gear list is provided for my daughter's safe participation, I will endeavour to ensure she attends with all the items listed.

### Swimming Ability:

Please indicate how far your daughter can swim in still water:  0m  25m  50m  100m or more

### Special Dietary Requirements:

Does your daughter have special dietary requirements eg vegetarian, gluten-free, lactose intolerant? If yes, please give details and reasons, and advise substitute foods.

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Signed: \_\_\_\_\_ (Parent/Legal Guardian) Date: \_\_\_\_\_

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I wish to enrol my daughter on the \_\_\_\_\_ at a cost of \$ \_\_\_\_\_

Cheque (made out to St Hilda's Anglican School for Girls)

Credit Card

Visa

MasterCard

Bankcard

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card Number: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Expiry Date: \_\_\_\_ / \_\_\_\_  
(Please note this attracts a 1% Merchant Service Fee.)

### Booking conditions:

- Enrolments will not be accepted if school fees are not up-to-date.
- If a girl is unable to participate following return of this consent form, the parent will be responsible for all costs that are not redeemable from the service providers unless a replacement can be found.
- **Should there be illness or injury precluding your daughter's participation, there will be no refund of the monies paid. Please consider Travel Insurance to cover this. Travel insurance can be obtained from your Insurance Broker or from CoverWide for approximately \$47.00.**

## Recent Illness Update Form

**Please complete this form only if your current medical information differs from what you have previously provided for the School's database, or if your daughter is currently taking medication or needs attention.**

**Student Name:** \_\_\_\_\_ **Tutor Group** \_\_\_\_\_

Has your daughter recently suffered an injury/illness and/or any other medical concern previously not recorded on the School's medical database? **Yes**  **No**

If 'Yes', please provide details of signs / symptoms and appropriate treatment:

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Is your daughter presently taking tablets and/or other forms of medication? **Yes**  **No**

Does your daughter self-administer her medication? **Yes**  **No**

If the answer to the question above is 'No' do you give permission for a staff member to administer the medication? **Yes**

Please give details of dose, frequency, name of medication and reason for use:

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Please arrange for the safekeeping and handling of medications prior to the trip.

I agree to inform the organiser before the scheduled departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

Signed: \_\_\_\_\_ (Parent/Legal Guardian) Date: \_\_\_\_\_

**Please return this form on the DAY OF DEPARTURE IF NECESSARY**