

LAND'S EDGE OUTDOOR EDUCATION PROGRAM

Dear Parent/Carer

In consultation with your child's school, Land's Edge carefully considers the programming and locations for all Outdoor Education Programs. Your child's safety and welfare are of utmost importance. Please ensure all sections and boxes on this form are completed on each page. If there is no relevant information to be supplied, please write N/A in the space provided. We ask that you assist us by ensuring the following matters are addressed:

Medicines

Details about any medications required by your child must be provided on the medical form. All medicines are to be clearly labelled with your child's name. If medication needs to be administered by anyone other than your child, please provide specific instructions for administration prior to your child participating in any Land's Edge programming.

Asthma

If your child suffers asthma, the **Asthma Management Plan** must be completed prior to your child participating in Land's Edge programming. If your child has ever been hospitalised due to an Asthma-related condition, this must be detailed on the Asthma Management Plan irrespective of the last occurrence. Land's Edge recommends an Asthma Foundation Action Plan is completed with your medical practitioner and provided.

Allergies

Details of any allergies your child suffers must be provided on the **Allergic Reaction Management Form**. Details of medications required during the program must be provided along with details of last occurrences. If your child has medically diagnosed Anaphylaxis, Land's Edge requires a copy of the ASCIA 'Action Plan for Anaphylaxis' form completed by your medical practitioner.

Tetanus

Land's Edge recommends that your child's tetanus immunisation is up to date prior to commencement of any Land's Edge programming.

Fractures/Dislocations/Sprains

Details about any fracture, dislocation or sprain/s that have occurred in the last three years should be provided. If necessary, Land's Edge will modify activities if your child is prone to fractures or has a history of recurring sprains or dislocations.

Eye Care

Land's Edge recommends spare sets of glasses and contact lenses for any child needing to wear them. Head straps for glasses and lens cleaning kits are recommended. Please ensure your child knows how to care for contact lenses while participating in Land's Edge programs.

Keeping Dry and Warm

Land's Edge's recommended gear list ensures participants are adequately prepared for all weather conditions – please consider it closely and ensure a reasonable quality rain jacket or coat is provided.

Strapping Tape

Some participants require joints to be strapped for sporting activities. If your child normally requires tape, please provide sufficient tape for Land's Edge programming and if necessary, supply non-allergenic tape.

Mobile Phones

Land's Edge requires students **leave mobile phones at home** for the duration of programming. In an emergency, Land's Edge can be contacted at all times. Phone numbers will be provided to participating schools and parents ahead of programming.

Special Considerations

Please contact Land's Edge or your school coordinator if there is anything further we should know about your child. Confidentiality is assured.

Discontinuation of Program

In the event of your child being unable to complete Land's Edge programming, collection of your child will be required either by the school or parents. Directions will be provided by Land's Edge staff should collection be necessary.

Thank you for your time completing these forms. Land's Edge looks forward to providing a safe and enjoyable Outdoor Education experience for your child.

Kind regards

Antony Butcher & Fleur Harmelin
Directors

Land's Edge
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Gerringong NSW 2534
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Consent and Indemnity Form and Risk Warning - STUDENT

(To be filled in by parent or guardian if participant is under 18 years old)

I, _____ am aware in signing this document for my daughter/son/ward's participation in a Land's Edge Program, that certain elements of the program could be **physically** and **emotionally** demanding. Furthermore, I acknowledge that in providing me with this document, Land's Edge has explained to me and/or my daughter/son/ward that certain **inherent physical and/or emotional risks** and **dangers** exist in the activities in which my daughter/son/ward will be participating. I acknowledge that while Land's Edge and its staff will make every **reasonable effort** to teach my daughter/son/ward **proper outdoor techniques** and to **minimise exposure to known risks**, all **hazards** and **dangers** associated with these activities cannot be foreseen or may be beyond the control of Land's Edge and its instructors or staff.

I have **read** and **filled in** the attached **Medical Form and Asthma/Allergic Reaction Management Forms**. I have also read the **Equipment List** and will ensure that all items listed will be brought to the Land's Edge Program and they will be in good working order. I understand that this is a condition of participation in the Program.

My daughter/son/ward will fully comply with Land's Edge safety standards and procedures as outlined by Land's Edge staff, operators and agents for each activity in which they participate. Failure to abide by these guidelines could compromise the safety and wellbeing of other participants and staff. I agree that if my daughter/son/ward suffers illness or injury during the course of Land's Edge activities, Land's Edge staff, operators and agents can at my cost arrange appropriate medical treatment and emergency evacuation services, as they deem essential for their safety. I acknowledge that this agreement shall be governed in all respects by and interpreted in accordance with the laws of Australia.

- Land's Edge employs a professional photographer from time to time to take general photographs of Land's Edge activities and programs for use by Land's Edge only. Should you wish for your child NOT to be involved, please tick this box.

Student Signature:

Student Name:

Parent/Guardian's Signature:

Parent/Guardian's Name:

Date:

Land's Edge Medical Form - STUDENT

Information provided on this medical form is confidential. It will not be reused, rented, loaned, sold or otherwise disclosed to a third party except with prior written permission from parents. Information provided will not be used to restrict activities. Rather, it enables Land's Edge to adequately prepare suitable programming for your child.

Please ensure all sections and boxes on this form are completed on each page. If there is no relevant information to complete, please write N/A in the space provided.

STUDENT DETAILS

Name:	Date of Birth:
Address:	Male Female
Medicare Number:	
Private Health Insurance Provider:	Number:

EMERGENCY CONTACT DETAILS

Parents Name:	Contact Number:
Parents Address:	Mobile:
	Work:

2ND EMERGENCY CONTACT DETAIL IF PARENT CAN NOT BE CONTACTED

Name:	Contact Number:
Relationship to student:	Mobile:
	Work:

FAMILY DOCTOR'S DETAILS

Name:	Contact Number:
Address:	

SWIMMING ABILITY

Please circle your child's swimming ability in beach/ocean conditions
VERY CONFIDENT
CONFIDENT
NON CONFIDENT

MEDICAL HISTORY/DETAILS

Date of last tetanus inoculation: (current inoculation recommended)

Does your child have any illnesses or disabilities? (i.e. high blood pressure, heart/lung condition, asthma, allergy, diabetes, epilepsy, dyslexia, vision impaired, deafness).
Yes No
If YES, please give details:

If your child suffers from ASTHMA or an ALLERGY you must complete the appropriate management plan following.

Has your child ever been hospitalised for any of the above conditions?
Yes No
If YES, please give details:

Does your child currently take any form of medication? Yes No
If YES, please give details:

Does your child have any past injuries? Yes No
If YES, please give details and state how recent:

Has your child undergone surgery in the past 3 years? Yes No
If YES, please give details and state how recent:

Has your child ever suffered from a stress-related illness? Yes No
If YES, please give details:

Does your child have any other medical conditions that Land's Edge should be aware of? Yes No
If YES, please give details:

Does your child have any special dietary requirements i.e. vegetarian/allergies? Yes No
If YES, please give details:

Important Notice:

I acknowledge that Land's Edge first aid kits contain the following medications or generic equivalent. These medications would only be administered if required.

(Please circle medications that ARE NOT to be administered)

- | | |
|-------------------------------|----------------|
| Paracetamol 500mg | Imodium 50mg |
| Mylanta 10mg | Ventolin 100mg |
| Gastrolyte 5.2g | Senokot 7.5mg |
| Loratadine/Antihistamine 10mg | |

Land's Edge Allergic Reaction Management Form - STUDENT

Does your child have any known allergies **NO** **YES** if YES, please complete this page

Does your child have ANAPHYLAXIS **NO** **YES** if YES, an ASCIA 'Action plan for Anaphylaxis' must accompany this allergy management form

This information will assist Land's Edge staff to take the appropriate precautions for your child. If necessary, seek the advice of your medical practitioner when completing this form.

Student's name:

Allergic to:

What are the signs and symptoms of the reaction?

Please give details of medication doses?

What treatment is followed if an allergic reaction occurs?

Is the reaction:	(please circle your answer)	
A systematic reaction? (any rash, itching, swelling away from site)	YES	NO
An anaphylactic reaction? (severe breathing problems, swelling of the body, emergency situation)	YES *	NO
Is there a family history of anaphylaxis?	YES *	NO
Has an allergic reaction ever required hospitalisation?	YES *	NO
Is adrenaline (epipen/anapen) administered if a reaction is suffered?	YES *	NO

* If 'yes' has been answered to any of the above questions, the following steps are recommended before participation in a Land's Edge program:

- Student's medical practitioner must be consulted about participation in Land's Edge programming
- Student's participation in Land's Edge programming depends on full agreement by medical practitioner, the student's parents/guardians and Land's Edge management.

The medical practitioner must be advised that:

- The child may be up to an hour from medical or hospital attention during residential programming
- The child may be an extended period of time away from medical or hospital attention during semi-remote programming
- All Land's Edge staff have current first aid qualifications and will be with your child's group for the duration of the program.

Land's Edge Asthma Management Form - STUDENT

Does your child have Asthma NO YES if YES, please complete this page

This level of information is recommended as a minimum by the Asthma Foundation. This information will assist Land's Edge staff to take the appropriate precautions for your child. If your child has mild to severe asthma, Land's Edge recommends you seek the advice of your medical practitioner and that an 'Asthma Action Plan' accompanies this management form where possible.

Student Name:

Regular medication taken for asthma:

Dosage:

Additional medication to be administered during an attack:

The medications listed above must be supplied while participating in Land's Edge programs.

Expected best peak expiratory flow reading:
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Peak expiratory flow reading requiring extra medication:

Peak expiratory flow reading when advisable to seek medical assistance:
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Known trigger factors: (please tick and comment on appropriate item/s)

Dust of any sort, in sufficient quantities		
Sudden change in temperature		
Grass and weed pollens		
Mould		
Atmospheric pollution		
Vigorous exercise		
Contact with animals		
Other (please detail)		