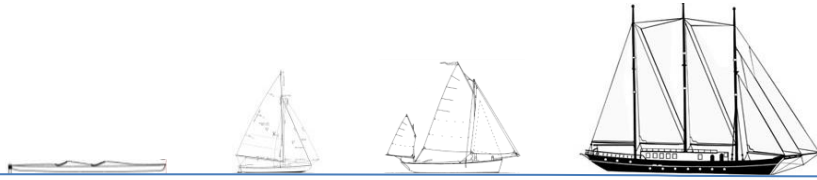


Medical Form

Your detail will assist our skippers provide the best care in a confidential and supportive environment. It is essential that the information is accurate and thorough. Please update any specific management plans with your doctor before completing this form.

TRAINEE DETAILS	
Name:	Date of Birth:
Mailing address:	Gender:
Phone:	Email:
Medical History: <ul style="list-style-type: none"> <input type="radio"/> Asthma (attach management plan) <input type="radio"/> Anaphylaxis (attach management plan) <input type="radio"/> Diabetes (attach management plan) <input type="radio"/> Heart problems <input type="radio"/> Seizures/epilepsy <input type="radio"/> Arthritis <input type="radio"/> Allergies <input type="radio"/> Muscular condition/injury <input type="radio"/> Soft tissue or joint condition/injury <input type="radio"/> Fractures or bone condition <input type="radio"/> Recent surgery <input type="radio"/> Communicable diseases <input type="radio"/> Recent accidents or relevant issues <input type="radio"/> Medications <input type="radio"/> Pregnancy (requires medical certificate) <input type="radio"/> Other – please describe 	Provide full details including any medication required:
Permission to administer (if necessary): <ul style="list-style-type: none"> <input type="radio"/> Paracetamol <input type="radio"/> Antihistamine <input type="radio"/> 	General fitness <ul style="list-style-type: none"> <input type="radio"/> low <input type="radio"/> intermediate <input type="radio"/> high
Swimming ability: <ul style="list-style-type: none"> <input type="radio"/> Non Swimmer <input type="radio"/> Beginner <input type="radio"/> Intermediate <input type="radio"/> Advanced 	Dietary Requirements:
EMERGENCY CONTACT DETAILS	
Name:	Relationship:
Phone contacts – home/work/mobile:	



The Sea School P/L

www.bluepeteraustralia.com



ACN: 168709251

Informed Consent

Adventure based training involves risky games and challenging group situations. Our programs can also include high risk and physically challenging activities such as sailing, paddling, rowing, camping, bushwalking, climbing, camp craft, swimming and snorkelling.

I understand these activities are often conducted in uncontrolled environments, in remote locations, and that despite a focused duty of care for the safety and wellbeing of all trainees, the inherent risk associated with these activities cannot always be controlled through risk mitigation; the risk of **serious injury or fatality** does exist.

I have declared any relevant medical history and believe that I am mentally, emotionally and physically ready for the challenges involved in this program. Further, I am willing to take personal risks, and will make efforts to help ensure a positive safe and supportive learning environment for all other trainees and group members.

Please select all that apply:

- I consent to participate in Blue Peter/Sea School programs
- My contact details may be shared for our network list
- Photos may be posted or shared on our websites for promotion

Trainee
Name:
Signature:
Date:
Parent/Guardian Consent (if the trainee is under the age of 18)
Name:
Signature:
Date: