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**Medical information & Acknowledgement of Risk Form**

### Assistant Bushwalking Leadership Course

**PARTICIPANT DETAILS**

|  |  |
| --- | --- |
| Participant’s Name: | Date of Birth: |
| Address: | |
| Phone Numbers: (H) (M) (W) | |

**EMERGENCY CONTACT DETAILS (While on trip)**

|  |  |
| --- | --- |
| #1 Contact Name: | Relationship: |
| Phone Numbers: (H) (M) (W) | |
| #2 Contact Name: | Relationship: |
| Phone Numbers: (H) (M) (W) | |

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**PARTICIPANT MEDICAL INFORMATION**

|  |  |
| --- | --- |
| **1. Are you covered by private health insurance?** | **YES / NO** |
| Name of Fund: and policy number | |
| **2. Are you covered by Ambulance subscription?** | **YES / NO** |
| **3. Medicare Number:** | |
| **4. Do you have / have you had asthma?** | **YES / NO** |
| Trigger factors: | |
| Severity: | |
| Treatment / Medication: | |
| **5. Do you have / have you had any allergies?** | **YES / NO** |
| Trigger factors: | |
| Severity: | |
| Treatment / Medication: | |
| **6. Do you require medication for any other conditions?** | **YES / NO** |
| Name of medication: | |
| Reason for medication: | |
| When is it taken: | |
| **7. Have you had any recent illness / surgery?** | **YES / NO** |
| Details: | |
| **8. Do you have any other medical conditions that may affect your**  **participation** | **YES / NO** |
| Details: | |
| **9. Fitness Ability POOR / FAIR / GOOD / EXCELLENT** | |
| **10. Do you have any special dietary requirements?** | **YES / NO** |
| Details: | |

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I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ understand the nature of the activity and the risks in the activity. These include and are not exclusive to drowning, broken limbs, twisted & damaged joints through falling or being fallen on, animal bites including snakes, injury through exposure to weather, burns & cuts through stove use & other possibilities.

I understand anything I do on this event is my own responsibility. I understand I will not be forced to do anything I do not wish to do. I understand the nature of this training is to develop my skills beyond their current levels.

I understand that this activity may be cancelled or experience delays for weather & safety reasons.

I understand that I may be refused onto training programs (without refund) if not properly equipped or prepared.

In case of an emergency I allow Bushwalking Leadership SA event/trip leader to take me for medical assistance by car, ambulance, or other emergency services vehicles at my expense. I allow First Aid to be administered by current Senior First Aid qualified Bushwalking Leadership SA designated people.

I have discussed the activity with Bushwalking Leadership SA and have clarified any areas of concern prior to signing this consent form. I have filled out this medical form honestly, and to the best of my knowledge.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_