



Real Journeys... Real Outcomes... Great Fun!

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MEDICAL DECLARATION 2013

This form is compiled to assist with the management of any incidents that may occur during a program and that the participants understand the nature of the activities and expectations. All information is held in confidence. It is important that it is completed accurately.

Name of Participant _____

Address _____

Postcode _____

Emergency Contact Name _____

Phone Numbers Home _____ Work _____

Mobile _____

Email _____

1. Is the participant presently taking any medication/tablets?

YES/NO

If YES please state the name of the medication, dosage, frequency

2. Please tick if the participant suffers from any of the following: (Details must be provided)

- Travel sickness, Sleep walking, Migraine/Headaches, Blackouts, Dizziness, Fits of any kind, Heart conditions, Asthma

Please provide detail for any of the above

3. Please list any allergies - eg food, drugs, penicillin, plant/animal matter, etc

4. What Dietary Requirements?

5. What special care is recommended?

6. Date of last tetanus immunisation _____

If over 10 years ago please speak to your doctor about a booster

7. Medicare No. _____

8. Private Health Insurance Details. (If applicable)

Ambulance membership is strongly recommended, as we do not contact schools or parents to seek permission to use emergency services. We act in the best interests of the participants. Not all private medical insurance covers participants for these costs and as participants are responsible for all costs involved this should be checked.

Please read the following carefully before signing.

- 1. I confirm that the details outlined above are correct.
2. Adventure activities have inherent risks associated with them that, in some circumstances may lead to injury, loss or damage. I have been informed by the school of all the activities and the risks involved with these activities. I will not permit my child to participate should I be unsure of these risks or are not prepared to take them.
3. I understand that QSFL and their agents, the teachers and school leaders and the school will act in a manner that minimises any risks associated with participation.
4. I recognise that the environments in which many of these activities take place are subject to change due to such things as (but not limited to) weather.
5. I am authorised to permit the participant named above to participate in the activities.
6. All information medical or otherwise, which may effect participation, will be provided to QSFL and their representatives prior to participation in the activities.
7. Where the participant is under 18 I have explained that they must follow all reasonable instructions of the organisers and their representatives (including QSFL) and that they must behave in a manner that will minimise any risk associated with the activities.
8. I understand that the school supervisors/teachers will be in attendance at all times.
9. I authorise the person/s in charge of the program to consent, where it is impractical to communicate with me, to authorise such medical or surgical treatment as may be deemed necessary.

Signed _____

Print Name _____

Date _____

**Please attach any information relating to the effective first aid and medical treatment that would assist in the care of the participant. For example this would include contact phone numbers for doctors, asthma treatment plans, psychological considerations.



Escape from Prison Island



Walkabout the Grampians



Man the Light Station



Explore Melbourne City