

LEAPS & BOUNDS

CHALLENGE ROPES COURSE

Croydon Community School. Neal St Bayswater.
PO Box 2071 Bayswater Village 3153

MEDICAL INFORMATION FOR STUDENTS OR MINORS.

Leaps and Bounds may not allow an individual to participate in the activities associated with the **Leaps and Bounds Challenge Ropes Course** if we believe that their medical information indicates that they are a risk to themselves or the group. The Ropes Course includes activities that may require good balance, good physical coordination, and may be strenuous. It includes climbing, working at heights up to 12 metres above the ground, the need for upper body and leg strength, and participants will at times be suspended in a harness as they ascend or descend elements. This medical information is also intended to assist us in case of any medical emergency, and may be passed on to emergency and medical personnel in the event of any emergency.

Student/ward name: _____ **Sex:** _____ **Age:** _____

Address: _____

Postcode: _____

Telephone: Home: _____ **Work:** _____ **Mobile:** _____

Parent/Guardian name: _____

Address: _____

Postcode: _____

Telephone: Home: _____ **Work:** _____ **Mobile:** _____

Emergency contact: Name: _____

Telephone: Home _____ **Work:** _____ **Mobile:** _____

Family Doctor: Name: _____

Address: _____

Telephone: _____

Medicare No: _____ **Health Care Card No:** _____

Health Insurance Fund: _____ **Contribution No:** _____

Ambulance Subscription No: _____

(Medical Information sheet is continued on the next page.)

2.

Has your child/ward ever suffered from, or do they currently suffer from, any of the following conditions? Please circle Y for yes or N for no and provide extra details on the adjoining lines, or in the section entitled Extra Information at the end of this document. Many of the following medical conditions may determine that your child/ward is unable to participate in Ropes Course activities.

Allergies (eg. Insect bites, hay fever, foods, medicines, drugs)? _____ Y/N

Any physical, mental or emotional disability? _____ Y/N
Physical disabilities or disorders including back or joint problems, muscular problems, chronic conditions etc.? _____ Y/N
Asthma or breathing difficulties? _____ Y/N
Balance Difficulties or Problems? _____ Y/N
Sight, hearing or speech impairments _____ Y/N
Diabetes? _____ Y/N
Dizziness? _____ Y/N
Do they have a current tetanus immunisation? Date of last one? _____ Y/N
Emotional, mental or behavioural problems (eg. Depression, stress)? _____ Y/N
Epilepsy, seizures or convulsions? _____ Y/N
Fear of heights? _____ Y/N
Hernia? _____ Y/N
High blood pressure (or history of it)? _____ Y/N
History of heart attacks or chest pain? _____ Y/N
Inability to perform moderate exercise? _____ Y/N
Migraine or headaches? _____ Y/N
Pregnancy (are they currently pregnant)? _____ Y/N
Are they taking any prescribed or non-prescribed medications? _____ Y/N
If so which medication? _____
Do they have the medication with them? _____ Y/N
Any other medical condition or illness which may affect their participation? _____

Students Name: _____
Parent/Guardians signature: _____ **Date:** _____

3.

Assumption of Risk and Consent

I (parent/guardian)_____fully understand that participation in the activities associated with the **Leaps and Bounds** (high and low) **Challenge Ropes Course** may be physically and emotionally demanding and may carry potential risks and dangers that could result in accident or injury. I understand that my child's/ward's participation requires that he/she be of reasonable physical condition.

The Ropes Course may include activities such as climbing ladders and poles, walking along cables, swinging on ropes, being lowered or raised on a rope and harness belay system from the ground up to 12 metres in height, climbing onto another persons shoulders, and walking along wooden poles. Participants who suffer from dizziness, or who are unwell, physically unfit or injured should not undertake these activities.

I consent to my child participating in the abovementioned activities.

I also understand that my child/ward can choose to not participate in any of these activities and that there is no compulsion to participate.

I have read all the information contained in this document and have provided all the information in relation to my child's/ward's participation.

I authorise the Supervisor/Conductor/s to seek medical attention for my child/ward, if the parent/guardian cannot be contacted. I also authorise the Supervisor/Conductor/s to pass on my child's/ward's medical details to emergency and medical personnel in the event of an emergency where the parent/guardian cannot be contacted.

Student's/Minor's Name:_____

Parent's/Guardian's signature:_____ **Date:**_____

Extra Information:_____

