



The Outdoor Education Group

MEDICAL FORMS PROCEDURE

Information for School Coordinators

OEG aims to be proactive in managing risks associated with participation in an Outdoor Education program. Complete and current information surrounding participant's medical conditions/histories and medical/ dietary requirements is vital to providing the best possible management strategies. To allow such planning, a full set of complete forms need to reach OEG **3 weeks before the course**. As we will be in areas that do not offer the same immediate professional medical care as in an urban setting, along with the physical nature of the activities our participants will engage in, OEG staff must be aware of any pre-existing conditions that may arise while on a program.

These forms are updated regularly to ensure that we are collecting the most relevant information possible. We ask that you check them carefully upon return from your students.

Please do not hesitate to contact your Senior Manager with any questions. Thanks in advance for your assistance.

Please disregard and destroy any past OEG medical forms you may have.

Enclosed are single copies of the following forms:

1. **School Student's Medical Form**
2. **Adult's Medical Form**
3. **Asthma Management Form**
4. **Allergy Management Form**
5. **"Fitness to Participate" Form**
6. **Group Listing**

For easier administration of this process, we suggest that you send forms 1, 3, 4 and 5 home with students. Forms 1 and 5 can be copied back to back, and forms 3 and 4 also. For adults, substitute form 1 with form 2.

1. **Student's Medical Form**

The Student's Medical Form is to be completed by the parent/guardian of any student intending to attend an OEG course.

2. **Adult's Medical Form**

The Adult's Medical Form is to be completed by any adult intending to attend an OEG course. This includes all School Staff members.

3. **Asthma Management Form**

The Asthma Management Form must be completed by any person who suffers from asthma.

Please check each Medical Form on its return and where necessary distribute Asthma Management and "Fitness to Participate" forms.

Please note the section asking for doctor consultation if any of the **"KEY QUESTIONS"** 5, 6, 7, 8 or 9 are answered **"YES"**. Ensure that a doctor has signed and attached the **"Fitness to Participate"** form, and has provided treatment protocols for OEG staff to follow in the event of an emergency.

OEG follows the Wilderness Medicine Institute's Wilderness Asthma Management guidelines which utilises the "Spacer" for management.

On its return, attach the Asthma Management Information form and the "Fitness to Participate" form to the Medical Form.

4. Allergy Management Form

The Allergy Management Form must be completed by any person who suffers from allergies.

Please check every Medical Form on its return, and where necessary distribute Allergy Management and "Fitness to Participate" forms.

Please note the section asking for doctor consultation if any of the "**KEY QUESTIONS**" 5, 6, 7, 8 or 9 are answered "**YES**". Ensure that a doctor has signed and attached the "**Fitness to Participate**" form, and has provided treatment protocols for OEG staff to follow in the event of an emergency. Please ensure parent's consent to administer supplied medication (Epipen) by OEG staff is signed, in case student is unable to self administer.

On its return, attach the Allergy Management Information and if necessary, the "Fitness to Participate" form to the Medical Form.

5. Fitness to Participate Form

This form must be signed by the doctor and returned along with treatment protocols that the doctor is willing to authorise in the event of an emergency.

6. Group Listing

The Group Listing form requires a list of all the participants for each OEG group (including Staff members). This implies one Group Listing for each OEG Group.

Any medical and/or dietary information should be summarised against the correct participant's name.

If any of the "**KEY QUESTIONS**" on an Asthma Management Form are answered "**YES**", please tick the "**Serious Asthma**". Ensure that a "Fitness to Participate" form is completed and attached.

If any of the "**KEY QUESTIONS**" on an Allergy Management Form are answered "**YES**", please tick the "**Serious Allergy**" column for that participant. Ensure that a "Fitness to Participate" form is completed and attached.

What to do once all the forms are complete

Once the Group Listings are complete, please send ONE COPY of EVERYTHING to the office in your state. They should reach OEG **3 weeks before the course**. Medical forms not received 3 weeks out may compromise our ability to adequately plan for students medical and dietary needs and consequently may compromise their health and safety.

TWO COPIES of EVERYTHING (organised per OEG Group) should accompany the participants to the venue.

If any late changes occur, the Group Listings must be updated. Please update the relevant Group Listings and send/fax the updated copies to your Senior Manager at the OEG office in your state ASAP, with any additional Medical Forms.

The Outdoor Education Group

Eildon Office
109 Goulburn Valley Highway
Eildon, Vic 3713

Ph: (03) 5774-2617
Fax: (03) 5774-2467

Moss Vale Office
P.O. Box 682
Moss Vale, NSW 2577

Ph: (02) 4869-6700
Fax: (02) 4869-6767



Student's Medical Form

Confidential

(Please print all responses)

The purpose of this form is to help us adequately prepare for your child's program. This information is confidential and students will not normally be excluded for medical reasons. Please note: In the event of an incident, the Outdoor Education Group may distribute any relevant information to the participant's school.

SCHOOL: _____ Form/Class: _____

STUDENT'S NAME: _____ D.O.B: ___/___/_____ Male Female

Parent/ Guardian Emergency Contact:	
Name: _____	Relationship: _____
Address: _____	
Phone: (Home) _____	(Work): _____ (Mobile) _____

Medicare No: Valid to: _____ Ambulance Subscription: Yes No

Doctor's Name: _____ Telephone: _____

MEDICAL HISTORY

- 1. Does your child suffer from any form of ASTHMA? NO [] YES [] - complete Asthma Management Form
- 2. Does your child suffer from any ALLERGIES? NO [] YES [] - complete Allergy Management Form
- 3. Does your child have any of the following conditions?:

Phobias	YES [] NO []	Heart condition of any kind	YES [] NO []
Diabetes	YES [] NO []	Migraine headaches	YES [] NO []
Epilepsy	YES [] NO []	Sight/Hearing impairment	YES [] NO []
Bleeding disorder	YES [] NO []	Joint/ Muscular problems	YES [] NO []
Psychological conditions	YES [] NO []	Other conditions (detail below)	YES [] NO []
- 5. Has your child suffered any serious injuries in the last 12 months? YES [] NO []
- 6. Does your child wear contact lenses? YES [] NO []
- 7. Is your child currently on any medications? YES [] NO []

Please provide complete details for any questions to which the answer is YES (Use a separate sheet if necessary):

Please note: OEG may require, after reviewing this information that your child visits a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you.

8. Details of any medical dietary considerations (Report on Allergy Management Form): _____

9. Tick if other catering preferences: Vegetarian [] White Meat only [] Other (Please Detail): _____

10. My child can swim 50 metres: No [] With a struggle [] Comfortably [] Strongly []

11. Date of last tetanus injection _____

I declare that the information which I have provided on this form is complete and correct and that I will notify the school if any changes occur. I authorise the teacher or any employee of the Outdoor Education Group who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for OEG to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Signed: _____ (Parent/Guardian) Date: _____



Adult's Medical Form

Confidential

(Please *print* all responses)

The purpose of this form is to help us adequately prepare for your program. This information is confidential and participant's will not normally be excluded for medical reasons.

SCHOOL: _____

NAME: _____ **D.O.B:** ___/___/_____ **Male** **Female**

Emergency Contact

Name: _____ **Relationship:** _____

Address: _____

Phone: (Home) _____ (Work): _____ (Mobile) _____

Medicare No: Valid to: _____ Ambulance Subscription: Yes No

Doctor's Name: _____ Telephone: _____

MEDICAL HISTORY

- 1. Does your child suffer from any form of ASTHMA? NO [] YES [] - complete Asthma Management Form
- 2. Does your child suffer from any ALLERGIES? NO [] YES [] - complete Allergy Management Form
- 3. Does your child have any of the following conditions?:

Phobias	YES [] NO []	Heart condition of any kind	YES [] NO []
Diabetes	YES [] NO []	Migraine headaches	YES [] NO []
Epilepsy	YES [] NO []	Sight/Hearing impairment	YES [] NO []
Bleeding disorder	YES [] NO []	Joint/ Muscular problems	YES [] NO []
Psychological conditions	YES [] NO []	Other conditions (detail below)	YES [] NO []
- 5. Has your child suffered any serious injuries in the last 12 months? YES [] NO []
- 6. Does your child wear contact lenses? YES [] NO []
- 7. Is your child currently on any medications? YES [] NO []

Please provide complete details for any questions to which the answer is YES (Use a separate sheet if necessary):

Please note: OEG may require, after reviewing this information that your child visits a doctor to gain approval to participate. This will be determined after this form is received by OEG and in consultation with you.

8. Details of any medical dietary considerations (Report on Allergy Management Form): _____

9. Tick if other catering preferences: Vegetarian [] White Meat only [] Other (Please Detail): _____

10. My child can swim 50 metres: No [] With a struggle [] Comfortably [] Strongly []

11. Date of last tetanus injection _____

I declare that the information provided on this form is complete and correct and that I will notify the school if any changes occur. I give permission for OEG to pass this information to a third party [eg Doctor, Hospital] to facilitate medical treatment. I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Participant's name: _____ Signature: _____ Date: _____



Asthma Management Form

Confidential

Participant's Name: _____

If necessary, seek the advice of your doctor when completing this form.

1. Usual maintenance medical program followed by the asthmatic:

Preventer medication _____ Reliever Medication _____

2. Peak Flow Readings: Best: _____ Critical: _____ (Bring Own Peak Flow Meter)

3. Medication and treatment regime to be used during an emergency asthma attack

4. List any known asthma trigger factors experienced by the asthmatic:

"KEY QUESTIONS"

5. Has asthma interfered with participation in normal physical activities within the past 12 months?	YES []	NO []
6. Has the participant been admitted to hospital due to asthma in the past 12 months?	YES []	NO []
7. Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc)?	YES []	NO []
8. Has the participant suffered sudden severe asthma attacks requiring hospitalisation within the past 12 months?	YES []	NO []
9. Does the participant require the use of a nebulising pump as a part of your regular or emergency asthma treatment?	YES []	NO []

IMPORTANT NOTES:

If any of the "KEY QUESTIONS" 5, 6, 7 or 8 or 9 above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please bring this form to the Doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct. I give permission for OEG to pass this information to a third party [eg Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for OEG to retain this form in their archival program information, noting I can access it by appointment.

Name: _____ Signature: _____ Date: _____



Allergenic Reaction Management Form

Confidential

If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT'S ALLERGIC REACTION, MUST BE BROUGHT ON THE COURSE AND NOTED ON THE MEDICAL FORM.

Participant's Name: _____

1. What is the participant allergic to? _____

2. What are signs and symptoms of the person's reaction? _____

3. Historically, has the participant suffered from?

- a) a localised reaction (rash, itching, swelling at the site the poison/irritant enters),
 b) a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters),
 c) an anaphylactic reaction (severe breathing problem, total body swell, emergency situation).

4. What medication does the participant take (if any) for their allergic reaction?: _____

"KEY QUESTIONS"

5. Have allergies interfered with participation in normal physical activities within the past 12 months?	YES []	NO []
6. Has the participant been admitted to hospital due to allergies in the past 12 months?	YES []	NO []
7. Has the participant suffered a systemic or an anaphylactic reaction (see question 3 for definition), to their allergy in the last 10 years?	YES []	NO []
8. Is there a history of anaphylaxis in the person's family?	YES []	NO []
9. Does the person take adrenaline (Epi-pen), when suffering an allergic reaction?	YES []	NO []

IMPORTANT NOTES:

If any of the "KEY QUESTIONS" 5, 6, 7 or 8 or 9 above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please bring this form to the Doctor with you.

The Fitness to Participate form should be attached to the medical and asthma management forms and returned to school.

I declare that the information provided on this form is complete and correct. I further declare that if my child (or myself) is unable to self administer supplied medication, I give permission for trained OEG staff to administer the supplied emergency medication. I give permission for OEG to pass this information to a third party [eg Doctor, Hospital] to facilitate the medical treatment of my child (or myself). I give permission for OEG to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on our website: (oeg.net.au).

Name: _____ Signature: _____ Date: _____



Fitness to Participate Form

Confidential

School Name: _____ Year Level: _____

Name of Participant: _____ D.O.B. _____

Specific Medical Condition: (e.g. Asthma, Allergies) _____

Notes to treating Doctor

This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs with OEG are centred in a 'semi-wilderness' setting, meaning that professional medical care may be from 1 to 6 hours away. All programs include regular physical exercise and activities may include bushwalking (with packs), camping, cycling, rock climbing or canoeing. We operate in all weather conditions.

(Should you require any further information on the program, please contact us at (03) 5770 8200 and quote the name of the client organisation and year level listed at the top of this page)

OEG staff hold a Wilderness First Aid qualification (minimum of 7 days training). This training is based on assessing and treating a patient in a remote or wilderness setting (for more information contact www.wmi.net.au).

Doctor to complete:

Based on this information above and the patient's condition, we ask that you decide on this person's suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?

Yes

No

What treatment protocol are you willing to authorize for this patient in the case of a medical emergency, in a remote location (i.e. one or more hours away from medical care)?

Name of Doctor: _____ Phone: _____

Signature of Doctor: _____
