



RMB 264 Rubicon Road
THORNTON VIC 3712
Ph: (03) 5773 2285
Fax: (03) 5773 2441

CONSENT FORM – Valid 2014

School: _____

Student Full Name: _____

Birth Date: _____ Student Age: _____

Parent / Guardian Full Name: _____

Address: _____

Postcode: _____

Home Phone: _____ Work Phone: _____ Mobile Phone: _____

PARENT / GUARDIAN CONSENT – Please circle as appropriate (If left blank we will assume yes is the response)

I agree to my child using the internet and computer network at Rubicon Outdoor Centre in accordance with the same internet student user's agreement that applies at their current school.	YES	NO
I agree to my child being photographed and / or visual images of my child being taken during activities by the DEECD for use in the Centre's publications, Centre's website or for publicity purposes without acknowledgement and without being entitled to any remuneration or compensation.	YES	NO

I agree to my child's attendance at Rubicon Outdoor Centre and to her / his taking part in any excursion or activity arranged for students in connection with the Centre's program. I understand that programmed activities involve an element of risk¹, and at times my child may be some distance from fully qualified medical aid. I am aware that my child may be transported by bus, 4WD or sedan.

In the event of my child being unable to accompany the rest of the group home due to ill health or accident, I will make the necessary arrangement in liaison with the Principal for her / his return.

In the event of an accident, I authorise the obtaining, on my behalf, of any medical assistance my child may require. I understand that all medical, surgical and anesthetic procedures involve risks. I accept the responsibility for payment of any expenses thus incurred, including transport by ambulance.

In the event of my child causing deliberate damage to camp property I agree to reimburse the Centre for the repair or replacement of such property.

In the event of my child found using, or in possession of, cigarettes, alcohol, or unlawful drugs, or behaving in a manner deemed as being a safety risk to others, I accept responsibility for removing or arranging to remove her / him from Rubicon Outdoor Centre, if deemed necessary by the Principal.

I will notify the school if my child is in contact with any infectious disease within four weeks of attendance at Rubicon Outdoor Centre.

Name of Parent / Guardian: _____

Parent / Guardian Signature: _____ Date: _____

STUDENT UNDERTAKING

I have read, understood and agree to abide by the Rubicon Student Code of Conduct (as outlined on the website). I understand that the Rubicon program will be challenging at times; I agree to participate to the best of my ability.

Student Signature: _____ Date: _____

¹ Risk Activities at Rubicon Outdoor Centre include: bush cooking, bush walking, overnight camping, canoeing (flat water and white water), caving, cross country skiing, environmental studies, high ropes course, horse riding, initiative activities, mountain bike riding, rock climbing and abseiling; rogain (orienteering), swimming (open water and rivers), sea kayaking and white water rafting. Your daughter / son may be involved in some or all of these activities; please refer to our website: www.rubicon.vic.edu.au for further information on any given activity.



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MEDICAL INFORMATION – Valid 2014

This information is intended to assist the school in the case of any medical emergency. All information is held in confidence.

School: _____

Student Full Name: _____ D.O.B: _____ Gender: _____

Name & Address of Family Doctor: _____

Medicare No: _____ Medicare Card Valid to: _____ Child's Number (e.g. 2, 3, 4): _____

Ambulance Member YES / NO (If yes, member number): _____

Home Address: _____

Home Ph No: _____ Work Ph No: _____ Mobile Ph No: _____

Alternate Contact Person: _____ Phone No: _____

Y/N	ITEM	DETAILS
	Allergies	
	Blackouts	
	Diabetes	
	Dietary Requirements	
	Dizzy Spells	
	Epileptic Fits	
	Hay Fever	
	Heart Condition	
	Migraines	
	Sleepwalking	
	Travel Sickness	
	Previous Injuries	
	Physical Difficulties	
	Bed Wetter	
	Other	

Please tick the box on the left if your child suffers any of the following:

<input type="checkbox"/>	Anaphylaxis	If ticked you MUST complete and attach the action plan for Anaphylaxis
<input type="checkbox"/>	Allergies	If ticked you MUST complete and attach the action plan for Allergic Reactions
<input type="checkbox"/>	Asthma	If ticked you MUST complete and attach the Asthma Management Plan

The Action plans for Anaphylaxis and Allergies, and the Asthma Management Plan can be found at:
<http://www.rubicon.vic.edu.au>

Medication YES / NO (If yes please detail below)

MEDICATION	DOSAGE	WHEN GIVEN / INSTRUCTIONS

Swimming Ability: **GOOD** **FAIR** **POOR** **NON SWIMMER** (Please circle one)

Paracetamol Allowed YES / NO

Parent / Guardian Name (Please print): _____

Signature: _____ Date: _____