



Adult Medical Details & Consent

Tinaroo Environmental Education Centre staff would appreciate if adults attending excursions at the Centre would complete this form as a precaution in the event of accident or sickness. If you wish, send it in a sealed envelope and this will not be opened unless the necessity arises.

Adult name		Date of birth	
Home Address		Medicare Number & Expire date	
Emergency Contact name (1 st Preference)		Phone number	
Emergency Contact name (2 nd Preference)		Phone number	

Please complete the below and list full details below in regard to the following medical conditions

Respiratory Problems / Asthma	<input type="checkbox"/> No <input type="checkbox"/> Yes	Allergies (food/drugs etc)	<input type="checkbox"/> No <input type="checkbox"/> Yes
Blood Pressure	<input type="checkbox"/> No <input type="checkbox"/> Yes	Epilepsy	<input type="checkbox"/> No <input type="checkbox"/> Yes
Diabetes	<input type="checkbox"/> No <input type="checkbox"/> Yes	Heart Problems	<input type="checkbox"/> No <input type="checkbox"/> Yes
Recent illness/injury/operations	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please detail:	
Other – please detail	<input type="checkbox"/> No <input type="checkbox"/> Yes	Please detail:	
Please list any medication you are currently taking			

Activity Consent	At times the TEEC staff may require your assistance with activities for the students. Some activities do require physical participation on your part. I acknowledge the above and consent that I am physically capable to assist with the delivery of the activities	YES NO
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- I authorise the Principal of Tinaroo Environmental Education Centre to obtain medical attention for me at his/her discretion in the event of serious illness or injury.

Black Gully Campus Black Gully Road, Tinaroo QLD 4872

Barron River Campus 30-46 Tinaroo Falls Dam Road, Tinaroo QLD 4872

Phone (07) 4095 9555 **Post** PO Box 65 Kairi QLD 4872

Email admin@tinarooeec.eq.edu.au **Web** tinarooeec.eq.edu.au TinarooEEC



TINAROO ENVIRONMENTAL EDUCATION CENTRE

ABN: 33 284 710 394



- I accept liability for all reasonable costs incurred by the department in obtaining such medical assistance or treatment (including any transportation costs) and undertake to reimburse the department the full amount of those costs.
- I have provided all relevant details my medical or physical needs.
- I give consent for my contact information to be shared in relation to this form in compliance with relevant [Queensland Chief Health Officer's Directions](#).
- As I am voluntarily visiting this Centre at my own risk, I undertake to indemnify the Centre Principal, and any other Department of Education and Training employees present, against any claim arising out of any accident involving me or any occurrence which but for this indemnity may give rise to a claim for damages during the visit to the Centre, including travelling to and from the Centre.
- I understand that these above statements also include children of my family accompanying me on the excursion, who are not enrolled in the visiting class.
- If illness occurs while on camp, contact will be made with the school for removal of the sick adult. I understand that I may be isolated from other program participants if I develop symptoms during the excursion
- Vehicles parked on grounds are done so at owner's risk and no claim can be made against Department of Education and/ or its employees in relation to any damage, etc.

Signed: _____

Dated: _____

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