

MEDICAL HEALTH PROFILE AND RISK DISCLOSURE

Name	Medic Alert number	Date of Birth ____ / ____ / 20 ____
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1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	Fits (of any type)	<input type="checkbox"/>
Chronic Nose Bleeds	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Dizzy Spells / Concussion	<input type="checkbox"/>
Colour Blindness	<input type="checkbox"/>	Other (please specify)	<input style="width: 100%;" type="text"/>		

2. Are you currently taking medication?

YES

NO

If **YES**, please state:

- Ailment/s:
- Name of medication/s:
- Dosage and time/s to be taken:
- Other treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

NO

YES

If **YES**, please state the injury / illness

4. Are you allergic to any of the following?

	YES	NO	Please specify and state required treatment
Prescription medication			
Food			
Insect / Bee Stings			
Other Allergies			

5. Outline any dietary requirements, as TSB TOPEC provides set menus and ingredients.

- Students / Clients with food allergies must contact TSB TOPEC directly prior to arrival to make arrangements to **PROVIDE SOME OR ALL OF YOUR OWN FOOD** to meet individual needs.

Food Allergy Disclosure

TOPEC makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our staff on the severity of food allergies, however, there

is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food

allergies need to be aware of this risk. Attending groups cook and prepare meals using ingredients provided by TOPEC, the meal contents and preparation are therefore beyond TOPEC control and the

responsibility of the visiting group leaders. TOPEC will not assume any liability for adverse reactions to foods consumed, or items one may come in contact with while eating at TOPEC.

6. When was your last tetanus injection?

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7. What pain medication can you be given if necessary?

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8. To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?

YES

NO

If YES, please give brief details

9. Is there any information the staff should know to ensure the physical and emotional safety of you?

(For example: cultural practices; disability; anxiety about heights/darkness/small spaces; pregnancy; behaviour or emotional problems)

YES

NO

If YES, please state (or attach the information as a separate sheet)

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Note: Any information provided will be treated as confidential, to be used only by TSB TOPEC staff for awareness of existing medical or physical conditions and for possible emergency contact. From time to time photographs taken on TSB TOPEC courses may appear in TSB TOPEC publications and promotional material. If you do not wish to be **photographed** please raise this with the course instructor at the time.

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- I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform TSB TOPEC as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child / myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me / family.

Confidence in Moving Water

please tick the box as applicable to you / your child

Really Confident

Confident

Not Confident

Swimming Ability

please tick the box as applicable to you / your child

Strong (200+m)

Average (50 – 100m)

Weak (25 – 50m)

Non Swimmer (under 25m)

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

1. Emergency Contact Name:	Relationship
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Address

Day Phone

Alternative Phone

2. Alternative Emergency contact Name:	Relationship
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Address

Day Phone

Alternative Phone

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Parental Consent / Individual Consent

- I agree to my child / myself taking part in the Education outside the Classroom (EOTC) / Adventure event
- The activities depending on the season may include activities such as kayaking, dam dropping, river bugging, adventure based learning, white water rafting, river safety, canoeing, caving, ropes course, orienteering, boogie boarding, abseiling, bridge swing, rock climbing, tramping, fixed structure activities, snow caving, basic alpine skills, confidence course, tramping and camping. These activities may make use of the coasts, rivers, lakes, harbours, caves and the bush of Taranaki and NZ
- Participation in all activities at TSB TOPEC is voluntary – this is referred to by TSB TOPEC as “challenge by choice”. The activities listed above contain some elements of risk which cannot be completely eliminated. The risk is countered by carefully structured and sequenced activities and by supervision of activities with trained instructors
- I agree to their / my participation in the activities described. I acknowledge the need for them / me to behave responsibly.

Acknowledgment of Risk

- I have read the above information and I understand that there are risks associated with involvement in the Outdoor Activities and that these risks cannot be completely eliminated. Hazards exist in these activities that may result in serious injury or even death
- I understand that TSB TOPEC will ensure, so far as is reasonably practicable, the health and safety of participants, workers and Volunteers.
- I understand that I / my child will be involved in the explanation, learning and demonstration of safety procedures associated with an activity
- If TSB TOPEC has taken reasonably practicable precautions to ensure my safety, and I / my child act outside of the instructions given, then I acknowledge that it is done at my own / my child’s risk and I release TSB TOPEC and all other members and officers of TSB TOPEC from liability for the consequences of the actions or inaction
- I will ensure that my child / I follow these procedures. I / my child will be responsible for any actions or inaction if these procedures are not followed
- I know that I am able to ask any questions of TSB TOPEC about the activities I / my child will be involved in, to gain a better understanding of the risks involved
- I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that I / they may withdraw from the activity if I / they feel at risk. This must be done in consultation with the person in charge and where the safety of self or others is not compromised
- I understand that TSB TOPEC does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy
- I understand that if at any time during the programme / activity - I / my child is under the influence of alcohol or drugs, or act in a way that endangers the safety of self or others, TSB TOPEC has the right to stop further participation the programme / activity and with no right for refund of the fee.

To be read and signed by adult participant or parent / caregiver of child participant

Name (print): _____

Signed:

Date: ____ / ____ / 20 ____

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NZQA Assessment Information

(please complete if attending an NCEA based course at TSB TOPEC – Unit or Achievement Standards)

PLEASE PRINT CAREFULLY

National Student Index number (NSI)

NZ Citizen / Permanent Resident / Overseas (circle as appropriate)

Family Name / Surname	First Legal Name	Second Legal Name
First Language	Gender	Specific Learning Needs
Secondary School (last attended)	Year Left	Highest Secondary Qualification Achieved
Ethnicity	Iwi	

Signed by Student _____

Date ____ / ____ / ____

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