

Student Information			
Name:		Student ID:	
Course title:			
Trainer in charge:		Mobile:	
Excursion Details			
Nature of Excursion		Departure time:	Return Time:
Excursion Location		Transport Method	

Medical Conditions												
<p>Do you have any of the following or other medical conditions (<i>tick boxes as applicable</i>)</p> <table border="0"> <tr> <td><input type="checkbox"/> Heart Condition</td> <td><input type="checkbox"/> Diabetes</td> <td><input type="checkbox"/> Seizures (epilepsy)</td> </tr> <tr> <td><input type="checkbox"/> Asthma</td> <td><input type="checkbox"/> Blackouts</td> <td><input type="checkbox"/> Anaphylaxis</td> </tr> <tr> <td><input type="checkbox"/> Travel Sickness</td> <td><input type="checkbox"/> Allergy to Penicillin</td> <td><input type="checkbox"/> Migraine</td> </tr> <tr> <td><input type="checkbox"/> Anxiety (phobias)</td> <td><input type="checkbox"/> High Blood pressure</td> <td></td> </tr> </table>	<input type="checkbox"/> Heart Condition	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizures (epilepsy)	<input type="checkbox"/> Asthma	<input type="checkbox"/> Blackouts	<input type="checkbox"/> Anaphylaxis	<input type="checkbox"/> Travel Sickness	<input type="checkbox"/> Allergy to Penicillin	<input type="checkbox"/> Migraine	<input type="checkbox"/> Anxiety (phobias)	<input type="checkbox"/> High Blood pressure	
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<p>Please describe or state if any of the following relate to you:</p> <ul style="list-style-type: none"> Any other medical conditions or allergies you have. Will any of these conditions prevent you from attending excursions? Please list any medication you are currently taking and the condition for which you take this medication? Please list any mobility, access or special care requirements you have? Do you need to have permission from your doctor to attend excursions? 												
<p>In case of emergency I authorise those in charge to take any steps they may consider necessary for my safety or well-being, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs.</p> <p style="text-align: right;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </p>												

STUDENT CONSENT SECTION SIGNATURE
<p>I AGREE TO PARTICIPATE IN THIS EXCURSION AS A PART OF MY LEARNING.</p> <p>Signature of Student: _____ Date: ____/____/____</p>
<p>Office Use Only - acknowledge and grant the trainer permission to take the student on an excursion and so that the student support officer is aware that in the case of an emergency to contact the student's next of kin:</p> <p>Student Support Officer: _____</p> <p>Signature: _____ Date: ____/____/____</p>

Privacy Statement: The information on this form, which includes health information, is collected for the primary purpose of best managing any health or safety emergency that may involve you during excursions. Other purposes of collection include eliminating or minimising the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. If you choose not to complete all the questions on this form, it may not be possible for Baxter Institute staff supervising the excursion to provide the best possible response to any emergency involving you or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. Personal information may also be disclosed to emergency services personnel or medical personnel. You have a right to access personal information that the Baxter Institute holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact Student Services sophia.ng@baxter.vic.edu.au