

# F.05.08 EXCURSION FORM - (MEDICAL AUTHORISATION STUDENT DECLARATION)

## PRIVACY STATEMENT:

AVETA is committed to protecting your personal and health information and the confidentiality in handling of personal and/or health information.

## STUDENT DETAILS

<b>STUDENT NAME:</b>	<b>MOBILE NUMBER:</b>
<b>DATE OF BIRTH:</b>	<b>STUDENT ID:</b>

## EMERGENCY CONTACT DETAILS

<b>NAME:</b>	<b>RELATIONSHIP TO YOU:</b>
<b>ADDRESS:</b>	
	<b>POST CODE:</b>
<b>CONTACT NUMBER:</b>	<b>MOBILE NUMBER:</b>

## MEDICAL INFORMATION/DETAILS

<b>DOCTOR'S NAME:</b>	<b>CONTACT NUMBER:</b>
<b>MEDICAL CONDITION</b> (If yes, please list): <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>MEDICATION AND DOSAGE</b> (If yes, please list): <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>ALLERGIES</b> (If yes, please list): <input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<b>AMBULANCE COVER NUMBER:</b> (Some people may be covered under their family's policy, if so, please insert the family's cover no.)	
<b>HEALTH COVER PROVIDER AND NUMBER:</b>	
Please list below anything AVETA needs to know in order to give you the best possible care. This information will be strictly confidential and will only be available to staff members in charge of Excursions.	

**PLEASE TURN OVER**

## **STUDENT DECLARATION**

<ul style="list-style-type: none"> <li>• I consent to taking part in excursions organised by AVETA.</li> </ul>	
<ul style="list-style-type: none"> <li>• I acknowledge that at all times I will be under the instruction of AVETA staff or of any supervisors throughout the entire duration of an excursion. I acknowledge and agree that it is my responsibility to strictly conform to all reasonable and lawful instructions and conditions laid down by AVETA staff members or any other supervisor.</li> </ul>	
<ul style="list-style-type: none"> <li>• I acknowledge that whilst partaking in excursions both my property and person will be at my own risk and to the extent permitted by law AVETA will not be liable to me for any personal injury or loss of property whether caused by the negligence or otherwise of AVETA arising directly or indirectly from the approved excursions.</li> </ul>	
<ul style="list-style-type: none"> <li>• I acknowledge and agree that I shall indemnify AVETA and keep AVETA indemnified against any action, claim, demand, suit or proceeding that may be made or brought by any person against AVETA in respect to the death of or personal injury to any person or loss of or negligent act or omission by myself whilst participating in any excursions.</li> </ul>	
<ul style="list-style-type: none"> <li>• In the event of an emergency, I consent to AVETA and/or any such of its staff securing and using ambulance transportation for myself and I consent to securing medical or surgical treatment as may be deemed necessary. I understand that AVETA is not responsible for costs incurred on my behalf in securing medical treatment and associated medical services for me.</li> </ul>	
<ul style="list-style-type: none"> <li>• I understand that it is my responsibility to make AVETA aware of any changes to my medical history which may affect my ability to participate in excursions.</li> </ul>	
<ul style="list-style-type: none"> <li>• I have been previously diagnosed as having the above mentioned medical condition that a medical practitioner should be aware of if treatment is required, however, I accept that emergency treatment may be given without that knowledge. I accept responsibility for providing this information to medical practitioners who treat me.</li> </ul>	
<b>STUDENT SIGNATURE:</b>	<b>DATE:</b>