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| **ANY MEDICAL, DISABILITY OR HEALTH INFORMATION (WILL REMAIN CONFIDENTIAL WITHIN THE ACTIVITY LEADERSHIP GROUP)** *(Provision of the information is not compulsory under the Privacy Act)* | |
| Do you have any medical conditions that you would like the supervisor to know about in the case of an emergency? | NO |
| YES, Provide details (e.g. asthma, allergies, diabetes, Ventolin location) |
| Where will your medication be stored during your field trip? Before departure, explain any recognizable symptoms to the activity supervisor, or the first aiders. |  |
| How should the medication be administered in an emergency (if you are unable to administer it yourself)? |  |
| Please note that all students are asked to carefully read and respond to the information below (as it relates to their circumstances) prior to each off campus activity.  Whilst participating in a WIL activity it is important that students ensure they are adequately prepared and have appropriate supports in place to safely participate.  For students with a disability or health condition which may impact on your capacity to fully participate, it is important that the off campus Coordinator/Supervisor/WIL Supervisor/Coordinator understands your requirements in advance to ensure the activity is safe for you (and for others).  To assist we require you to complete the additional **Student Health and Safety Information – Work Integrated Learning (WIL) activities form.**  If, after completing this information your health condition changes, please contact your off campus activity Coordinator/Supervisor to provide the additional information.  \*Be advised your WIL Coordinator/Supervisor will make contact with you if you require planning prior to the activity. | |

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| **Personal Details** | | | | | | |
| Will you be under 18 years old at the time of the activity? | | |  | Y |  | N |
| First Name: |  | | Last Name: | |  | |
| Address: |  | | | | | |
| Mobile: |  | Email: | | |  | |
| **Emergency Contact Details** | | | | | | |
| First Name: |  | | Last Name: | |  | |
| Address: |  | | | | | |
| Mobile: |  | Email: | | |  | |

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| **Health & Safety for Off-Campus Activity and Duty of Care** |
| Attendees are required to:   * Obey the directions from activity supervisors * Have appropriate clothing suitable for the activity (e.g. sturdy shoes and hard hats when visiting a factory, mine site or other fields. * Behave in an orderly manner. Do not leave the group without obtaining permission from the supervisor. * Ensure that you exercise respect for the owners and patrons, obtain permission to enter the building if required, and observe an appropriate duty of care during your visit. |

I acknowledge that I have read the Health & Safety for Off Campus Activity and Duty of Care information above and I believe that I am able to fulfil those conditions, and I have completed the **Student Health and Safety Information – Work Integrated Learning (WIL) Activity document attached to this form**)**.** Should I become sick or injured, I give you permission to seek appropriate medical treatment for me, including calling an ambulance if necessary, and I understand that I may be liable for the cost of the same.

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| Signature |  |
| Date |  |

Once completed, send the form to the off campus activity supervisor/organiser.

Personal information of students is collected, used and managed in accordance with the [Student Privacy Statement](https://www.adelaide.edu.au/policies/62/?dsn=policy.document;field=data;id=8065;m=view).