



## MEDICAL AND CONSENT FORM

PARTICIPANT DETAILS			
<i>PLEASE PRINT CLEARLY AND USE THE NAME YOU WOULD LIKE ON DOCUMENTATION INCLUDING CERTIFICATES</i>			
Participant Name		Gender	M   F
Name of course		Age	
		DoB	
Course dates			
Cell phone		Home phone	
Address			
E-mail			
Please indicate by ticking the box whether you would like to receive from time to time offers from OPC. At no time will we ever sell or provide your information to anyone else.			<input type="checkbox"/>
<i>Next of kin/emergency contacts:</i>			
Name		Relationship	
Home phone		Work phone	
Cell phone		Email	
Doctor's name			
Doctor's contact			

PERSONAL INFORMATION		
<p><b>OPC has a policy of inclusion. In order for us to achieve this safely it is vital that we have as much information as possible about our participants. We will design your programme around your needs, so it is ESSENTIAL that you give us accurate and detailed information. Attach an additional sheet if necessary.</b></p> <p><b>Note:</b> Any information provided will be treated as confidential.</p>	Yes	No
<p><b>Do you have any particular dietary needs?</b></p> <p>Details:</p>		
<p><b>Do you have any medical, physical, intellectual, social, or behavioural needs or conditions that OPC needs to know about?</b> (circle and/or detail below) ADHD, asthma, depression, diabetes, epilepsy, high blood pressure, injury, illness, obesity, sight or hearing impediments or other</p> <p>Details:</p>		
<p><b>Is there anything else we should know about that <i>could</i> affect either your or others participation on the programme?</b> (circle) bad back, fears, old injuries, poor fitness, pregnancy or other</p> <p>Details:</p>		
<p><b>Are you taking any medication?</b> (Please bring spares of any medication for your instructor to carry)</p> <p>Details:</p>		
<p><b>Have you been in contact with any contagious diseases in the past 2 years?</b></p> <p>Details:</p>		
<p><b>Do you have any allergies?</b></p> <p>Details:</p>		
<p>What action should be taken?</p>		

## SWIMMING ABILITY INFORMATION

	No	Don't know	Yes
Are you able to swim 50 metres?			
Are you water confident in a pool?			
Are you confident in deep water?			
Are you able to tread water?			
Are you able to survival float?			
Are you confident in the sea or open inland water?			
Do you hold any awards / qualifications containing a practical swimming assessment? Please detail:			

## CONSENT

**All boxes must be ticked for you / your child to participate. Detailed information about our safety system and activities is provided at [www.opc.org.nz/safety](http://www.opc.org.nz/safety). Please contact OPC if you require more information to make a decision, or if you have any questions. In summary:**

- OPC offers a wide range of activities which may include: sea kayaking, sailing, coastering, snorkeling, boogie boarding, rock-climbing, tramping, initiative / confidence course activities, camping, kayaking, canoeing, tubing, caving, tramping, skiing, snowboarding, snow skills, river walking and ropes courses.
- Participation in all activities at OPC is voluntary although students are supported and encouraged by their peers and instructor to participate to a level which challenges them.
- Because of the changeable and unpredictable nature of the outdoors risks can never be reduced to zero. Hazards exist in these activities that may result in serious injury or even death. These hazards include: weather / environmental conditions, height, water, equipment, OPC employees behaviours and skills, client specific hazards, environmental impact and vehicles.
- Our fundamental principles of safety management state that 'no avoidable harm will occur to any persons whilst involved in OPC activities'. Our management strategies for achieving this can be viewed online.

	Yes
I understand that there are certain risks associated with outdoor activities that cannot be reduced to zero. I know I am able to ask any questions of OPC or the individual instructor to gain a better understanding of the activity before deciding whether to take part, and the final decision about whether to take part or not is mine. If I decide to take part, I understand the OPC instructor will identify any hazards that are liable to arise and correct procedures to deal with these, and that it is necessary for me to follow these. The instructor will take all reasonable precautions to ensure my safety. If I act outside of this advice, then I acknowledge I do so at my own risk and may be instructed to leave the programme or activity.	<input type="checkbox"/>
I have received enough information to make an informed decision about the programme I am / my child is about to undertake.	<input type="checkbox"/>
I authorise OPC to instigate any medical assistance and treatment required in an emergency.	<input type="checkbox"/>
I understand I may be charged for items belonging to OPC I lose or damage.	<input type="checkbox"/>
I understand that my personal effects are not covered by OPC's insurance policy while I am at OPC.	<input type="checkbox"/>
I understand that if at any time during the programme I am under the influence of alcohol, drugs or other substances, OPC have the right to stop my further participation on the programme and I have no right for refund of my course fee.	<input type="checkbox"/>
I have read the information sent to me and agree to act within OPC's policies and expectations.	<input type="checkbox"/>
I give permission for photographs, or video images of myself to be used within OPC materials.	<input type="checkbox"/>

**We require all participants to sign this form and require a parent or guardian's signature for any student under 18. By signing you are confirming that the information provided is as accurate and complete as possible and are confirming your consent to your / your child's participation in the stated OPC programme.**

Participant Signature

Date

Parent / Guardian signature

Date