



## Program Induction Form

### **Under 18 Health & Indemnity Form**

If you are under eighteen years of age, this form must be filled in with your guardian(s)/parent(s) present. If there are difficulties in regard to this, please contact the Adventure Services staff for assistance. Information is confidential and allows us to adequately prepare for your involvement in the program. **Thanks!**

**Date of Induction:**..... **Date/s re: amended changes:**.....

**Name**.....**Address**.....

.....**Phone Number/Mobile** .....

**Age:**..... **Date of Birth:**.....**Country of Birth:** .....

**Your Nationality** (e.g. Aboriginal/Australian/Vietnamese).....

**Emergency contact name:**.....

**Emergency contact phone no's:**.....**Relationship to you:**.....

**Your Doctor's name**.....**Doctor's phone no's:**.....

**Do you have any specific dietary requirements? Please give details**.....

**Are you a:**  Student  Employed  Unemployed

**Are you receiving a Centrelink benefit?**  Yes  No If Yes what type:.....

**Are you under the Guardianship of the Minister?**  Yes  No

**How did you hear about us?** .....

**What Adventure activities have you participated in before?** (tick relevant boxes)

- |                                      |  |  |                                  |
|--------------------------------------|--|--|----------------------------------|
| <input type="checkbox"/> caving      | <input type="checkbox"/> canoeing      | <input type="checkbox"/> skiing              | <input type="checkbox"/> cycling |
| <input type="checkbox"/> bushwalking | <input type="checkbox"/> orienteering  | <input type="checkbox"/> white water rafting | <input type="checkbox"/> surfing |
| <input type="checkbox"/> snorkeling  | <input type="checkbox"/> rock climbing | <input type="checkbox"/> horse riding        | <input type="checkbox"/> camping |

**What interested you in coming along?** .....

**What do you hope to gain from this experience?** (tick relevant boxes)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> have a break           | <input type="checkbox"/> feel better about myself | <input type="checkbox"/> experience camping |
| <input type="checkbox"/> feel better about life | <input type="checkbox"/> travel somewhere new     | <input type="checkbox"/> learn new skills   |
| <input type="checkbox"/> have a holiday         | <input type="checkbox"/> take on a challenge      | <input type="checkbox"/> relax              |
| <input type="checkbox"/> meet new people        | <input type="checkbox"/> "get away" from the city | <input type="checkbox"/> not sure           |

other comments?.....

## **MEDICAL CONDITIONS**

Fill in table below of any known medical condition that may affect you/your child's involvement.

Condition	Yes	No	Likelihood of occurrence	What treatment is required?
Allergy - Drugs				
Allergy - Foods				
Allergy - Insects				
Allergy (please complete Allergy Information on page 3)				
Asthma (please complete Asthma Information on page 3)				
Other Respiratory				
Diabetes				
Epilepsy/Seizure				
Heart Condition				
Migraine				
Mental Illness e.g. depression				
Sleep Walking				
Physical Disability e.g. vision, hearing, restricted movement				
Learning Difficulty e.g. reading				
Infectious Diseases eg. Hep C, HIV				
Other (Please Specify)				

If you ticked YES for any of the above, have you ever been hospitalized for your condition?

Please advise details.....

## **MEDICATIONS**

**BCS staff cannot administer or even offer medication to clients.**

Is it necessary for you/your child to take regular medication (Please circle)?

**Yes/No**

If you/your child will be taking medication on the program, please itemize in the table below. Please confirm that you/your child is capable of self-administering this medication (Please circle)

**Yes/No**

Name of Medication	Dose	When to be take & how often	Possible Side Effects

If your child requests the following medications and/or first aid assistance, do you consent for BCS staff to provide your child with the following medication(s) and/or render assistance? If so please tick the following boxes:

Paracetamol       Ventolin       First Aid

Have you ever suffered from a stress related illness? **Yes/No**      Do you have any past injuries? **Yes/No**

If so, please give detail .....

Have you undergone surgery in the past 3 years? **Yes/No**

If so, please give detail .....

How far can you swim without assistance?     0 meters     25 meters     50 meters or more

Do you wear glasses or contacts? **Yes**  **No**     Date of last tetanus injection ...../...../.....

Are there any other medical conditions we should be aware of?.....

## **ASTHMA INFORMATION**

Please fill this page in if you ticked the asthma/allergy box on page 2. It is very important that we have the following information. Your time in completing this section is greatly appreciated and assists us in taking the appropriate precautions for you/your child.

Regular medication.....

Quantities and daily dosages.....

Additional medication to be taken during an attack.....

***The medications listed above must be brought to the camp by the participant.***

### **Asthma History**

When did you last visit the doctor about your condition? .....

Have you ever been hospitalized for your condition? .....

Please advise details.....

Known trigger factors (please tick appropriate item)

- Dust of any sort, in sufficient quantities
- Sudden change in temperature
- Contact with animals
- Grass and weed pollens, mould
- Atmospheric pollution
- Physical exercise
- Other – details

What are the signs and symptoms of your/your child's asthmatic reaction? .....

Any further information that you may wish to supply us regarding any medical considerations for you/your child would be greatly appreciated.

## **ALLERGY REACTION INFORMATION**

Have you/your child ever suffered an allergic reaction to:

- Insect bites
- food groups or additives
- plant pollens
- detergents or cleaning agents
- or any other triggers

What are the signs and symptoms of your/your child's reaction:.....

.....  
Have you/your child at any time in the past suffered from:

- A localized reaction (rash, itching, swelling at the site the poison has entered)
- A systemic reaction (rash, itching, swelling away from the site where the poison has entered)
- An anaphylactic reaction (sever breathing problems, swelling of the body, emergency situation)

What medication do you/your child take (if any) for prevention against allergic reaction?.....

What treatment is required if an allergic reaction occurs?.....

***The medications listed above must be brought to the camp by the participant.***

### **Allergic Reaction History.**

When did you last visit the doctor about your condition? .....

Have you ever been hospitalized for your condition? .....

Please advise details.....

**DRUG & ALCOHOL USE** – *this information is strictly confidential and for program use only – (guardian(s)/parent(s) are not required to be present whilst you complete the drug & alcohol section)*

If you use drugs or alcohol, what is your **CURRENT MAIN DRUG OF CHOICE?** (tick one below)

- Cigarettes     Marijuana     Heroin     Speed     Ecstasy     Alcohol
- Inhalants     Benzo's     Cocaine     Hallucinogens     Other please state .....

How often do you use this substance?     tried once     occasionally     regularly     can't do without

What is the main way you use **THE CURRENT MAIN DRUG OF CHOICE?** (tick one of the following boxes)

- ingest     smoke     inject     sniff     inhale     other

If you use more than one drug, **WHAT OTHER DRUGS FROM THE LIST ABOVE DO YOU CURRENTLY USE?**

.....  
If you have injected, when was the last time you did so? (tick one of the following boxes)

- current (last 3 months)     recent (more than 3 months ago but less than 12 months)     have injected (more than 12 months ago)

**PARTICIPANT CONSENT** I understand that the camp will include the following activities .....

.....and I agree to follow the advice and direction of the leaders at all times. **Signature**.....

**PHOTOGRAPHIC CONSENT** I hereby give permission for any photographs taken of me to be used for

promotional purposes. Signature..... Date.....

**INDEMNITY**

1. I/We, the parent's/legal guardian/s of (**name**).....consent to his/her participation in the program to be held (**date**).....at (**location**).....

I/We give permission for my child to participate in all the activities, which includes (**list activities**).....  
.....and I give permission for my child to be transported to the camp and whilst on the camp in a vehicle that is appropriately insured.

2. I/We consent to Baptist Care (SA) (which, in this document includes its agents and employees) Adventure Camping Leaders obtaining any medical treatment, for my/our child.

My/our Medicare number is.....

I agree to inform Adventure Camping staff of all medication to be taken on the program. I hereby give permission for BC(SA) Adventure Camping staff to issue medications if elected to do so and to administer nominated medications if required.

3. I/We understand that in addition to inherent risks associated with Adventure Camping activities there are additional risks and dangers that may be encountered which may include: remoteness to normal medical services; moderated physical exertion for which my child may not be prepared, weather extremes subject to sudden and unexpected change; evacuation difficulties if your child is impaired.

I/We understand that my child will observe and fully comply with the safety standards and procedures, as described by Adventure Camping staff for each activity.

I/We consent to Baptist Care (SA) calling an ambulance service if, in its absolute opinion, it is required, and I/we agree to indemnify and hold forever indemnified Baptist Care (SA) from all costs arising from or associated with its decision to use an ambulance service.

I understand that BC(SA) shall not be liable for physical injury, or personal loss or damage to personal property except where such injury, loss or damage is due to negligence on the part of BC(SA), its agents and servants; AND I will indemnify and hold harmless and will keep indemnified and held harmless BC(SA) and its agents and servants from all claims, costs, damages, loss, expenses, actions or proceedings arising out of, connected with or in any way related to my child's participation on the program.

Signed..... (Parent/Guardian)

This (date).....day of (month). .....20.....

## **Customer Information Form**

*From the 21<sup>st</sup> of December 2001, the Privacy Act requires us to obtain your consent to collect personal information about you. Please read this information carefully and sign where indicated below.*

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**BC(SA) Adventure Camping** collects information from you for the primary purpose of providing you with quality service. We require you to provide us with your personal details, and other relevant information in order that we may understand your needs and respond appropriately to them. We may also use the information you provide for the following purposes:

1. Disclosure to others involved in providing our service to you, including youth organisations. This may occur through referral, advocacy or support. Please note that the Authorisation of Release of Information form will in most cases be completed by you before this occurs.
  2. Disclosure to other BC(SA) workers who are directly involved in providing a service or maintaining records of the service that we provide to you. Please note that all BC(SA) workers have signed confidentiality agreements.
  3. Statistical purposes, including compliance with this service's contractual obligations to funding bodies.
  4. Administrative purposes in running our service.
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### **DECLARATION**

I have read the above information and understand the reasons why my information must be collected. I am also aware that this program has a privacy policy on handling customer information.

I understand that I am not obliged to provide any information requested of me, but that my failure to do so might compromise the quality of service given to me.

I am aware of my right to access the information collected about me, except in some circumstances where access might legitimately be withheld. I understand I will be given an explanation in these circumstances.

I understand that if my information is to be used for any purpose other than set out above, my further consent will be obtained.

I consent to the handling of my information by this program for the purposes set out above, subject to any limitations on access or disclosure that I notify this program of.

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### **CONSENT**

Customer Name (print):

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Customer Signature:

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Date: / /

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### **HEAD OFFICE**

Wingrove Road  
PO Box 185, MYLOR, SA, 5153  
Phone: (08) 8388 5234  
Fax: (08) 8388 5796  
Email: bhopkins@sabaptist.asn.au

### **CITY BASE**

**(Departure point for all trips and camps)**  
BC(SA) Westcare  
Cnr Wright St and Millers Crt, ADELAIDE, SA, 5000  
Mobile: 0412 036 667 (Ben)  
Web: www.sabaptist.asn.au/bcs/adventure