

TOPEC MEDICAL HEALTH PROFILE AND RISK DISCLOSURE

Note: Any information provided will be subject to TOPEC's Privacy Policy – available at <https://www.topec.co.nz/> From time-to-time photographs taken on TOPEC courses may appear in TOPEC publications and promotional material. If you do not wish to be **photographed**, please raise this with the course instructor at the time.

* Indicates required question

Please complete student or participant details.

1. NAME *

Student or Participant name

2. DOB *

Student or Participant date of birth

Example: January 7, 2019

3. GENDER *

Student or Participant gender

Mark only one oval.

Female

Male

Gender diverse

4. ETHNICITY *

Student or Participant ethnicity

Mark only one oval.

- Māori
- Pasifika
- NZ European
- Other:

5. Medical Alert Number (if applicable)

6. CONDITIONS *

Do you have any of the following conditions

Check all that apply.

- Migrane
- Epilepsy
- Diabetes
- Chronic Nose Bleeds
- Colour Blindness
- Asthma
- Travel Sickness
- Fits (of any type)
- Heart Condition
- Dizzy Spells / Concussion
- Other (please specify)
- No Medical Conditions

7. MEDS *

Are you currently taking medication?

Mark only one oval.

Yes Skip to question 8

No Skip to question 9

8. Medication Name, Dosage/Times and Condition *

Please list medication name, dosage, time and condition it is for.

9. INJURIES *

Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities?

Mark only one oval.

Yes

No

10. If yes, please tell us more about the injury/illness.

11. ALLERGIES

Are you allergic to any of the following?

Check all that apply.

- Medication
- Food
- Insect/Bee Stings
- No
- Other: _____

12. If yes, what is the treatment (if there is one)

Note: Students / Clients with food allergies (listed above) must contact with TOPEC directly prior to arrival to make arrangements to PROVIDE SOME OR ALL OF YOUR OWN FOOD to meet your individual health needs.

Food Allergy Disclosure

TOPEC makes every attempt to identify ingredients that may cause allergic reactions for those with food allergies. Every effort is made to instruct our staff on the severity of food allergies, however, there is always a risk of contamination. There is also a possibility that manufacturers of the commercial foods we use could change the formulation at any time, without notice. Customers concerned with food allergies need to be aware of this risk. Attending groups cook and prepare meals using ingredients provided by TOPEC, the meal contents and preparation are therefore beyond TOPEC control and the responsibility of the visiting group leaders. TOPEC will not assume any liability for adverse reactions to foods consumed, or items one may come in contact with while eating at TOPEC.

13. DIETARY

Please let us know if you have any dietary requirements? (This is important if you are staying the night as TOPEC provides set menus and ingredients).

14. TETANUS *

When was your last tetanus injection?

15. PAIN MEDS *

What pain medication can you be given if necessary?

Check all that apply.

Paracetamol

Ibuprofen

None

Other: _____

16. DISEASES

To the best of your knowledge, have you been in contact with any contagious or infectious diseases in the last four weeks?

Mark only one oval.

Yes

No

17. If yes, please tell us more

18. WATER *

Please tick the box as applicable to you / your child's confidence in moving water.

Check all that apply.

- Really Confident
 Confident
 Not Confident

19. Is there any other information TOPEC should know to ensure your physical and emotional safety? (For example: cultural practices; disability; anxiety about heights/darkness/small spaces; pregnancy; behaviour or other emotional needs)
-

Confirmation | Permission

20. I agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration. *

Check all that apply.

- Confirmation/Permission

21. I agree to my child / myself receiving any emergency medical, dental, or surgical treatment, including anaesthetic, as considered necessary by the medical authorities present. *

Check all that apply.

- Confirmation/Permission

22. I agree to my child / myself receiving blood transfusion, as considered necessary by the medical authorities present, in the event of the caregiver/parent being uncontactable at the time of a medical emergency. *

If you have religious or ethical reasons for your child to not receive a blood transfusion in the case of an emergency, please explain in the "Other" option.

Check all that apply.

- Confirmation/Permission
- Other: _____

23. I will inform TOPEC as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event. *

Check all that apply.

- Confirmation/Permission

24. Any medical costs not covered by ACC or a community service card will be paid by me / family. *

Check all that apply.

- Confirmation/Permission

EMERGENCY CONTACT DETAILS

Please provide at least two sets of contact details

25. 1. Emergency Contact Name *

26. Relationship *

27. Phone number *

28. Address *

29. 2. Emergency Contact Name *

30. Relationship *

31. Phone number *

32. Address *

Consent and Risk Disclosure

- I agree to myself / my child taking part in the Education Outside the Classroom / Adventure activities offered by TOPEC (each an **Activity** and together the **Activities**).
- The Activities depending on the season may include, amongst other things, activities such as kayaking, river bugging, adventure-based learning, white water rafting, river safety, caving, ropes course, orienteering, boogie boarding, abseiling, bridge swing, rock climbing, tramping, fixed structure activities, snow caving, basic alpine skills, confidence course, tramping, camping and activities of a similar nature. These activities may make use of, amongst other things, the coasts, rivers, lakes, harbours, caves, mountains and hills, the bush/ngahere and other environmental elements of Taranaki and New Zealand, as well as man-made structures such as bridges, bouldering walls, climbing walls and ropes courses.
- Hazards exist in the Activities that may result in serious injury or even death. Hazards include, amongst other things, water, enclosed spaces, heights, unpredictable weather conditions, difficult terrain, darkness, roads and driving. Consequences in the event of an incident could include serious injury or loss of life due to events such as drowning, falling from heights, equipment failure, vehicle impact, or extreme weather and environmental conditions.
- Participation in all Activities at TOPEC is voluntary – this is referred to by TOPEC as **Challenge by Choice**. The Activities contain some elements of risk which cannot be completely eliminated. The risk is countered by carefully structured and sequenced Activities and by supervision of Activities with trained instructors, but cannot be eliminated entirely. I agree to my / my child's participation in the Activities in light of the hazards and risks described above. I acknowledge the need for myself / my child to behave responsibly at all times.

Acknowledgement of Risk

- I have read the above information, understand the hazardous nature of the Activities and acknowledge that there are health and safety risks associated with involvement in the Activities and that, while TOPEC will, as far as is reasonably practicable, ensure any foreseeable hazards and risks are appropriately identified and managed, these risks cannot be eliminated completely.
- I understand that I / my child will be involved in the explanation, learning and demonstration of safety procedures associated with an Activity and I agree that I / my child will participate in and comply with all of these. I know that I / my child can ask any questions of TOPEC about the Activities I / my child will be involved in at any time, to gain a better understanding of the risks involved.
- I understand and acknowledge that participation in any of the Activities is completely voluntary and not mandatory. I / my child understand that I / they may elect not to participate in an Activity or withdraw from any Activity if I / they feel at risk. This must be done in consultation with the TOPEC personnel in charge and where the safety of self or others is not compromised.
- I acknowledge that it is very important for me / my child to always follow all policies and procedures communicated by TOPEC and all instructions and directions given by TOPEC personnel at all times. I understand that TOPEC will take all reasonable and practicable precautions to ensure my / my child's safety, but if I / my child do not follow such policies, procedures, instructions and directions, then this could result in serious harm, injury, damage or loss which TOPEC has been unable to reasonably prevent and accordingly TOPEC will not be responsible for any harm, injury, damage or loss caused to me / my child or another person as a result (unless otherwise required under applicable health and safety legislation).
- I will ensure that I / my child comply with and follow all policies and procedures communicated by TOPEC and all instructions and directions given by TOPEC personnel at all times. I understand and agree that I / my child will be responsible for any actions or inaction if such policies, procedures, instructions and directions are not complied with or followed.
- I understand that if at any time I / my child am under the influence of alcohol or drugs, or act in a way that might risk the health or safety of self or others, TOPEC has the right to stop me / my child's participation in any Activities at any time and with no right for refund of the fee.

Damage to Property

- I understand that TOPEC does not accept responsibility for any loss or damage to personal property and that it is my responsibility to check my own insurance policy.
- I agree that I / my child will take care of all equipment and property belonging to TOPEC and to others and, in the event of any damage or loss to such equipment or property caused by myself / my child, will pay all costs associated with repairing any damage or replacing any lost equipment or property.
- I understand that some Activities may involve accessing privately owned land and acknowledge that the owners of such land will not be responsible for any harm, injury, damage or loss resulting from these Activities.

Disclosure and Use of Information

- I declare that I / my child am physically and mentally fit to participate in the Activities, that all information provided about myself / my child is true and correct and I have disclosed all relevant information that may impact my / my child's participation in any Activities.
- I understand and acknowledge that failure to disclose any required or relevant information or the supply of incorrect information may result in me / my child being unable to participate in Activities or being withdrawn from any Activity at any time with no right for refund of the fee.
- I consent to photographs of myself / my child taken during Activities to be used in TOPEC publications and promotional material from time to time (both in print and online). I understand that if I do not wish for myself / my child to be photographed during Activities, I need to notify the relevant TOPEC personnel at the time.
- I understand that the personal information that TOPEC collects from me / my child will be subject to TOPEC's Privacy Policy and I confirm I have read and accept TOPEC's Privacy Policy – available at <https://www.topec.co.nz/>

33. **I confirm I have read and understood all of the terms set out above and wish for myself / my child to proceed with the Activity / Activities at my / my child's own risk** *

Mark only one oval.

- Yes, I give my consent
- No, I don't give my consent

34. **Adult participant or parent / caregiver of child participant's full name** *

35. **Date** *

Example: January 7, 2019

36. **Email** *

37. **Can we add you to the TOPEC newsletter database (four newsletters per year)?**

Mark only one oval.

- Yes
- No

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