

MEDICAL ADVISORY PLAN

This information is confidential. No participants will be excluded from programs for medical reasons without reasonable attempts to accommodate their needs.

SCHOOL NAME: _____ YEAR LEVEL: _____

NAME OF PARTICIPANT: _____ DOB: ____ / ____ / ____

SPECIFIC MEDICAL CONDITION:

☐ Asthma ☐ Allergies ☐ Epilepsy ☐ Heart Condition ☐ Other Condition: _____

NOTE TO MEDICAL PROFESSIONAL

The above patient is scheduled to participate in an outdoor education program and has identified with one of the following: pre-existing medical condition, surgery in the last 12 months or a severe allergy whose medical plan does not identify response times. To ensure we can manage potential risks that may impact this condition and ensure a timely response should the need arise, we are seeking further medical advice now prior to attendance on the planned program.

Outdoor education programs with BOE are centred in a 'semi-wilderness' setting, meaning that professional medical care may be from one to six hours away. All programs include regular physical exercise and activities may include: bushwalking (with expedition packs), camping, cycling, rock climbing, high ropes, rafting, or canoeing. We operate in all weather conditions. Should you require any further information on the program, please contact us at 1800 888 900 and quote the name of the client organisation and year level listed at the top of this page and ask to speak to the Program Co-ordinator.

BOE staff hold relevant First Aid qualifications based on the venue or environment. This training is based on assessing and treating first aid needs in a remote or wilderness setting (more information available at <http://www.wms.org/>).

MEDICAL PROFESSIONAL TO COMPLETE:

Based on the information above and the patient's condition:

How will the participant's medical condition affect their participation in the planned activities and demands of camping in an outdoor environment overnight or for an extended period of days?

In the event that this condition arises or is impacted on camp, is there any further medical treatment or response, above and beyond their standard medical plan, you would advise be implemented by the Wilderness first aid responder in a remote location?

I give permission for BOE to retain this form for statutory archival requirements, noting that I can access it by appointment as per Privacy Policy documented on the BOE website: (<https://boe.com.au/>).

Name of Medical Professional: _____ Phone: _____

Signature of Doctor: _____ Date: ____ / ____ / ____