



Mittagundi Winter Program Info Pack

This info pack provides all that you need to know to about coming on a Winter Program at Mittagundi.

What's Included?

- ✓ Program Information
- ✓ Medical/ Permission Form
- ✓ Asthma Form
- ✓ Allergy Form
- ✓ Fitness to Participate Form

A note on Medical Forms

Mittagundi requires information from you so that we can manage the risks associated with participation in an outdoor education program.

Complete and current information surrounding your medical conditions/histories and medical/ dietary requirements is vital to providing the best possible management strategies. Mittagundi requires that you fill in and return a complete set of the attached forms **four (4) weeks before your program is due to start.**

We will be in areas that do not offer the same immediate professional medical care as in an urban setting. At Mittagundi the activities involve physical exertion. Therefore, Mittagundi staff must be aware of any pre-existing medical or other conditions that may arise while on a program.

Late Medical forms may compromise our ability to adequately plan for your medical and dietary needs and consequently may compromise your health and safety.

What will I need to bring on the Winter Program?

Good question! Here's the list.

| | | | |
|---|---|---|--|
| 1 | Beanie (woolen or fleece) | | Toiletries |
| 1 | Broad Brimmed Sunhat (Not a cap) | | Toothbrush, Toothpaste, Comb/Brush, Roll on deodorant |
| 1 | Pair of Sunglasses – essential for snow glare (don't bring expensive/valued sunglasses) | | Personal Care Kit: |
| 2 | Thermal Tops and Bottom (skins are not suitable) | | Sunscreen (very important!), Band-Aids and any other personal hygiene needs. |
| 3 | T-Shirts (No singlets) | | Outdoor Gear |
| 2 | Tracksuit Pants (No Jeans) | | If you don't have these items don't worry, you can use Mittagundi's gear. |
| 8 | Pairs of Woolen Socks (Long and Thick, cotton not suitable) | | 1 Hiking Pack |
| | Underwear for No. of days. | 1 | 1 Waterproof Jacket |
| 2 | Pairs of shoes (sneakers or boots) | 1 | 1 Waterproof over pants |
| 1 | Towel | 1 | Woolen or Polar Fleece Pants |
| 1 | Small torch and spare batteries | 2 | Pairs of Gloves or Mittens |
| 6 | Strong, Large Garbage Bags (Orange "Garden" Type) | 1 | Pair of water proof gloves |
| 3 | Recycled Supermarket bags | 1 | Whistle |
| 5 | Large, Strong Rubber Bands | 1 | Sleeping Mat |
| | Cup, bowl and spoon (please do not bring knives) | 1 | Sleeping bag |
| 2 | Water Bottles each 1L Capacity | 2 | Woolen or Polar Fleece Jumpers (cotton 'Windcheaters' not suited) |
| | | | Optional: Cameras and Musical Instruments |

No specialised equipment needed!

We will provide you with hiking boots, water proof jackets, sleeping bags, back packs, mittens, balaclavas, cooking gear, tents and all gear to do with bush walking, skiing, rafting and abseiling. If you have any of these items you are welcome to bring them along, but we may need you to use our gear if yours appears inadequate in any way.

Mittagundi is a genuine pioneer settlement with no electricity so you will need to leave at home:

Watches, mobile phones, walkmans, discmans, ipods, anything with a battery (except your torch), lollies, soft drink, magazines, books, pocket knives and make up.

One more thing

Mittagundi is all about co-operation. There are no clocks, timetables or rosters. There are always lots of jobs to do, on the track and on the base. We always operate on a volunteer basis and you must come along with a commitment to do your share, in the hard times and the good.

MITTAGUNDI MEDICAL & PERMISSION FORM - Parent or Guardian to complete

The purpose of this form is to help us adequately prepare for your child's program. This information is confidential and students will not normally be excluded for medical reasons.

| PARTICIPANT DETAILS | |
|---------------------|---|
| Name: | DOB: |
| Address: | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Email: | Mobile: |
| School Attended: | Medicare Number: |
| Program Dates: | |

| PARENT/ GUARDIAN CONTACT | |
|--------------------------|---------------|
| Name: | Relationship: |
| Address: | Phone: |
| Email: | Mobile: |

| SECOND EMERGENCY CONTACT | |
|--------------------------|---------------|
| Name: | Relationship: |
| Address: | Phone: |
| Email: | Mobile: |

| MEDICAL HISTORY | | | |
|--|--|---------------------------------|--|
| Does your child suffer from any form of ASTHMA? | <input type="checkbox"/> YES (complete Asthma Form) | <input type="checkbox"/> NO | |
| Does your child suffer from any ALLERGIES? | <input type="checkbox"/> YES (complete Allergy Form) | <input type="checkbox"/> NO | |
| Does your child have any of the following conditions?: | | | |
| Diabetes | <input type="checkbox"/> YES <input type="checkbox"/> NO | Heart Condition of any kind | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Epilepsy | <input type="checkbox"/> YES <input type="checkbox"/> NO | Hip, knee or ankle injury | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Bleeding Disorder | <input type="checkbox"/> YES <input type="checkbox"/> NO | Currently taking any medication | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Psychological Condition | <input type="checkbox"/> YES <input type="checkbox"/> NO | Migraines or Headaches | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Contact Lenses | <input type="checkbox"/> YES <input type="checkbox"/> NO | Sight or Hearing Disorder | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Special Dietary Requirements | <input type="checkbox"/> YES <input type="checkbox"/> NO | Sleep walking or vertigo | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Provide complete details for questions to which the answer is YES (Use a separate sheet if necessary): Include complete list of medications: | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |
| Has your child suffered any recent or relevant illnesses or injuries not covered in an earlier question, or undergone surgery recently? Yes / No If yes, please supply details | | | |
| _____ | | | |
| My child can swim 50 meters: <input type="checkbox"/> Not at all <input type="checkbox"/> With a struggle <input type="checkbox"/> Comfortably <input type="checkbox"/> Strongly | | | |
| Date of child's last Tetanus injection: | | _____ | |

PARENT/ GUARDIAN DECLARATION

I am aware that the Mittagundi Winter Program, in addition to the usual risks inherent in outdoor activities, has certain additional risks and dangers which may include: physical exertion for which my son/daughter may not be prepared, remoteness from normal medical services and weather extremes.

I am aware that the Mittagundi Winter Program structure involves my son/daughter in the activities of bushwalking, skiing, campfire cooking, abseiling, white water rafting and various farm activities such as wood chopping, the blacksmith shop, the joinery, the workshop, and animal husbandry.

I realise that Mittagundi cannot be expected to cover medical costs that may arise during the Program, associated ambulance costs, lost or damaged personal items, and I agree to be liable for such costs or losses and to arrange for any relevant insurance covers I consider necessary before the Program.

I give my son/daughter permission to attend this Mittagundi Program.

I declare that the information which I have provided on this form is complete and correct and that I will notify Mittagundi if any changes occur. I authorise the teacher or any Mittagundi team member who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for Mittagundi to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for Mittagundi to retain this form in their archival program information, noting that I can access it by appointment.

I acknowledge that I have read all the information provided, and that I have completed and attached the medical forms. I also understand that whilst at Mittagundi if my child behaves in any manner that may risk their own or others' safety, or is deemed by the staff to be unacceptable, then their participation on the program may be discontinued.

Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in Mittagundi publications, on the Mittagundi website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation. *(Please strike out this sentence if you do not agree)*

Signed: _____ (Parent/ Guardian) Date: _____

PARTICIPANT DECLARATION

I agree to abide by the Mittagundi safety rules and to follow the instructions of the Mittagundi Directors and staff at all times.

Signed: _____ (Participant) Date: _____

ASTHMA FORM - Parent or Guardian to complete

Participants Name: _____

| | |
|--|--|
| Usual maintenance medical program follow by the asthmatic: | |
| Preventer medication: | Reliever Medication: |
| Peak Flow Readings: Best: | Critical: (Bring own peak flow reader) |
| Medication and treatment to be used during an emergency asthma attack: | |
| List of known Asthma Triggers: <i>(These may include food or food additives, insect bites, medications, plants or pollens, detergents, cleaning agents or others.)</i> | |
| Key Questions: | |
| Has asthma interfered with participation in normal physical activities within the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the participant been admitted to hospital due to asthma in the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc)? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the participant suffered sudden severe asthma attacks requiring hospitalisation within the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the participant require the use of a nebulising pump as a part of your regular or emergency asthma treatment? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IMPORTANT NOTES: | |
| If any of the "KEY QUESTIONS" 5, 6, 7 or 8 or 10 above are answered "Yes", the decision for the participant to attend rests with their Doctor. | |
| A "Fitness to Participate" form must be completed by the Doctor (attached). Please take this form to the Doctor with you. | |

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| DECLARATION |
| I declare that the information provided on this form is complete and correct and that I will notify Mittagundi if any changes occur. I give permission for Mittagundi to pass this information to a third party [eg Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for Mittagundi to retain this form in their archival program information, noting I can access it by appointment. |
| Signed: _____ (Parent/ Guardian) Date: _____ |

ALLERGY FORM - Parent or Guardian to complete

If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT'S ALLERGIC REACTION, MUST BE BROUGHT ON THE PROGRAM AND NOTED ON THE MEDICAL FORM.

| | |
|---|--|
| Participants Name: | |
| What is the participant allergic to? | |
| What are signs and symptoms of the person's reaction? | |
| Historically, has the participant suffered from: <input type="checkbox"/> a localised reaction (rash, itching, swelling at the site the poison/irritant enters) <input type="checkbox"/> a systemic reaction (rash, itching, swelling away from the site that poison/irritant enters) <input type="checkbox"/> an anaphylactic reaction (severe breathing problem, generalised swelling, emergency situation) | |
| Medication and treatment to be used during an allergic reaction: | |
| Key Questions: | |
| Have allergies interfered with participation in normal physical activities within the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Has the participant been admitted to hospital due to allergies in the past 12 months? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the person suffer a systemic or an anaphylactic reaction (see question 3 for definition), to their allergy? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Is there a history of anaphylaxis in the person's family? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| Does the person take adrenaline (Epi-pen), when suffering an allergic reaction ? | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IMPORTANT NOTES: If any of the "KEY QUESTIONS" 5, 6, 7 or 8 or 10 above are answered "Yes", the decision for the participant to attend rests with their Doctor. A "Fitness to Participate" form must be completed by the Doctor (attached). Please take this form to the Doctor with you. | |

| | |
|--|--------------------------|
| DECLARATION | |
| I declare that the information provided on this form is complete and correct. I further declare that if my child (or myself) is unable to self administer supplied medication, I give permission for trained Mittagundi staff to administer the supplied emergency medication. I give permission for Mittagundi to pass this information to a third party [eg Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for Mittagundi to retain this form in their archival program information, noting I can access it by appointment. | |
| Signed: | (Parent/ Guardian) Date: |

FITNESS TO PARTICIPATE FORM - MEDICAL OFFICER TO COMPLETE

This form is only required for Participants who need to complete either the Asthma and Allergies Forms

Participants Name: _____ DOB: _____

Specific Medical Condition: (e.g. Asthma, Allergies)

Notes to treating Doctor:
This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs run by Mittagundi are centered in a 'semi-wilderness' setting, meaning that professional medical care may be from 1 to 6 hours away. All programs involve physical exertion, namely, bushwalking (carrying an overnight backpack), river rafting/sledding, abseiling and walking around a sloping farm property; programs may also include camping, cycling, rock climbing or canoeing. We operate in all weather conditions.

Mittagundi staff hold a Wilderness First Aid qualification (minimum of 4 days training). This training is based on assessing and treating a patient in a remote or wilderness setting (for more information contact www.wmi.net.au).

Doctor's Section:

Based on this information above and the patient's condition, we ask that you decide on this person's suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?

[] YES [] NO

Should you require any further information on the program, please contact us at (03) 5159 7238.

Doctor's Name (Please Print): _____ Phone: _____

Signature of Doctor