

# Living Springs Adventures (LSA)

## CONSENT AND MEDICAL FORM

**\*\*\*To be returned to Living Springs 2 weeks prior to your camp\*\*\***

**NAME OF PARTICIPANT:** \_\_\_\_\_

Living Springs Adventure Camp is a not for profit Christian trust committed “to providing continuously changing environments for the facilitation of positive life- enriching experiences through outdoor activities”.

Depending on the season, the activities offered by LSA may include sea kayaking, tramping, camp outs, high and low ropes, team challenges, mountain biking, and rock climbing. Etc

The activities listed above contain some element of risk. This risk is countered by carefully structured and sequenced activities, and by supervising the activities with skilled instructors. It is important for safety purposes that students follow instructions given to them by their instructors and follow the few rules imposed by LSA. It should also be realised that because of the changeable and unpredictable nature of the outdoors that the risk can never be reduced to zero.

***Please answer the following questions and give details where needed. LSA does not preclude any person from attending our programmes due to medical conditions. It is however, valuable for the instructors to know the information below.***

MEDICAL CONDITIONS	YES	NO
Are you a confident swimmer?		
Does you have any particular dietary needs? If yes, details please		
Has you had contact with any contagious diseases that we should be aware of? If yes, details please		
Are you taking any medication? If yes, details please		
Are you allergic to:  Any medication? Any food? Bee/wasp stings? Anything else?  If yes, details please and state what action should be taken?		

MEDICAL CONDITIONS		YES	NO
Do you have any history of: Asthma Diabetes, Sight Impediment Hearing Impediment Injury or Illness Other.  If yes, please detail			
Is there anything else we should know about you that would affect their participation, or others, or would adversely affect the health and well being of other people on the programme? If yes, details please			
Your name, address and contact phone number: <b>Name:</b>  <b>Address:</b>  <b>Phone:</b> Work: Home:	Your doctors name and Phone No.: <b>Name:</b>  <b>Phone:</b>		

**PLEASE NOTE:**

- a. Please bring spares of any medication for their instructor to carry.
- b. You will be covered by the normal public liability insurance while on this programme.
- c. While at LSA your personal effects are not covered by our insurance policy. You should ensure your insurance will cover all eventualities.

I \_\_\_\_\_ hereby give consent to participate in a Living Springs Adventures programme. I have read and understood the information at the start of this form regarding risk and safety precautions at LSA.

(If under 18) I \_\_\_\_\_ Parent/ Guardian hereby state that the information supplied is accurate. I delegate my parental authority and responsibility to the school teachers and LSA instructors involved and in the event of accident or illness, I authorise any medical assistance and treatment as necessary. I have explained to my son/daughter that normal school rules apply during the LSA visit and that following LSA rules and directions given to them by Instructor's are necessary for their safety and well being.

I give consent for LSA to use photos taken of me for future advertising purposes  
 Yes                       No

**Signature of Camper:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Please feel free to add anything else that you believe may be of benefit for us to know:**  
*Note: Any information provided will be treated as confidential, to be used only by LSA staff for awareness of existing medical or physical conditions and for possible emergency contact.*