

Rural Health Mildura MedToring 2021

Information & Commitment form

The purpose of this form is to have your (or if under 18 years old, your parent/guardian) authorisation to attend MedToring. The information will be used to indicate to the person in charge of the activity any medical condition/s which may be aggravated by the activity, affect your ability to participate in the activity and inform them of any special needs so that measures can be taken to facilitate safe participation.

Should you wish not to utilise the form below, you can speak directly with the activity organiser, who will work with the university to accommodate your needs.

Student details		
Name:		Address
Year level:	School:	Phone number:
Name and relationship of emergency contact:		Phone number:
Relevant Medical Information		
Please list any pre-existing medical conditions or allergies that might impact on your ability to undertake the activity. Eg. recent injury, heart condition, asthma, diabetes, epilepsy, food allergies, etc.		
If you have an action plan relating to your pre-existing medical condition or allergy, please outline this below (and provide us with a copy):		
Please list any medication that might impair your ability to undertake duties whilst engaged in the activity.		
Special Request		
Are there any special needs or requests, including dietary requirements applicable to your participation in this activity?		

Authorisation	
I have read the information provided for this activity and agree to abide by the guidelines and procedures and the directions provided by supervisors during the activity.	
I acknowledge that I will commit to the MedToring program and, unless extenuating circumstances apply, attend the sessions in their entirety. (26 th April, 10 th May, 24 th May)	
I acknowledge that acceptable standards of behaviour will be expected during this activity. I understand that, in the event of serious misbehaviour during the activity, I will be informed and that I may be asked to leave the program.	
Student Signature: _____	Date: _____
Parent Signature: _____	Date: _____