Medical Information & Consent Form

Youth Voyage Date: 20 – 24 April 2024

Participants Name: ..... Preferred Name: .....

Gender: [ ]Male [ ]Female [ ]Other Date of Birth:……/……/……. Age:……

Address:..... .....……

Suburb: ..... Post Code: .....

Email:..... Contact Number:.....

Emergency Contact (for someone not going on the voyage):

Name: ..... Relationship: .....

Contact Phone No: .....

Parent/ guardian email: ……..

Alternative Contact: ..... Relationship: .....

Contact Phone No: .....

T-Shirt Size (please circle) Small… Medium… Large… X Large…. 2X Large…3X Large…

To use the safety equipment & harnesses we need to know your weight (please circle)

under 60Kg… 61 – 80Kg… 81 – 100Kg…. plus 100Kg…..

General Information: (please circle the correct option where applicable)

1. Do you have any special dietary requirements?

   (i.e. vegetarian (IF SO PLEASE SPECIFY WHAT YOU ARE ABLE TO EAT), halal, gluten intolerant, food allergies etc)..... **Yes/No**

   Details:..... .....

   ....

2. Do you smoke? ..... **Yes/No**

   Do you take recreational drugs? ..... **Yes/No**

   The One & All is a non-smoking vessel and a non-recreational drug zone,

   Do you agree to abide by the non-smoking and a non-recreational drug zone policy? ……**Yes/No**

3. Swimming ability:

   ☐ Not at all ☐ Poor ☐ Fair ☐ Good

Medical Information: (please circle the correct option where applicable)

1. Are you covered by medical benefits? ..... **Yes/No**
   If so, what is the name of your fund? ....

2. Are you covered by an ambulance subscription? ..... **Yes/No**

3. Medicare No: .....

4. What is your blood type? ..... (don't panic if you don't know this ☺)

5. Do you suffer from asthma? ..... **Yes/No**
   Severity: ....
   Prevention: ....
   Treatment: ....
   Action Plan Attached: ..... **Yes/No**

6. Do you suffer from allergies? ..... **Yes/No**
   Please specify: ....
   Severity: ....
   Reaction: ....
   Treatment: ....
   Action Plan Attached: ..... **Yes/No**

7. Do you take any prescribed or over-the-counter medication? **Yes/No**
   Please list each one and what they are taken for: ....
   ....
   ....
   ....
   ....
   ....
   ....

   Will seasickness affect any of the above medication? ..... **Yes/No**
   Details: ....
   ....
   ....
   ....
   ....
   ....
   ....

8. Do you have or have you ever had any of the following conditions? ……**Yes / No**

(TICK BOX WHERE APPLICABLE)

- ☐ Diabetes
- ☐ Blood Disorders
- ☐ Impaired hearing
- ☐ Hepatitis
- ☐ Behavioural problems/ADD/ADHD
- ☐ Autism
- ☐ Epilepsy/fits/convulsions
- ☐ Anaemia
- ☐ Metal illness
- ☐ Weight control problems
- ☐ Physical disability
- ☐ Haemophilia/ bleeding problem
- ☐ Spinal injury/ disorder
- ☐ Fainting/ blackouts
- ☐ Speech difficulty
- ☐ Impaired movement
- ☐ Kidney/ Bladder problems
- ☐ Memory/ attention problems
- ☐ Learning difficulties
- ☐ Hernia
- ☐ Heart/ Circulatory disorder
- ☐ Tuberculosis
- ☐ Eye disease/ visual impairment
- ☐ Cerebral Palsy
- ☐ Osteomyelitis
- ☐ Thyroid disorders
- ☐ Abnormal response to heat/cold
- ☐ Mental disability
- ☐ Vertigo/ Claustrophobia
- ☐ Bone/ Joint injury/ Breaks/ Fractures
- ☐ Other, e.g.: pregnant

If you answered yes to one or more of the above questions, or if you have any other past medical, past surgical or past psychiatric details that are not noted above,

Please give details:

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If you take medication for any above conditions please list each one and what they are taken for: .....

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For certain medical conditions, we may need to contact your doctor. Please provide the following details:

Name of Medical GP: ....

Phone number: ....

Address:..... .....

Suburb: .....State:.....

Country: .....Post Code: .....

YOUR MEDICAL FORMS MAY BE REVIEWED BY A DOCTOR. IN LIMITED CASES, IT MAY BE NECESSARY FOR YOU TO OBTAIN EXTRA MEDICAL INFORMATION AND/ OR MEDICAL CERTIFICATE TO JOIN THIS VOYAGE PROGRAM. WE RESERVE THE RIGHT TO DECLINE PARTICIPANT IF A MEDICAL CONDITION CAN NOT BE ACCOMMODATED ON THE VOYAGE PROGRAM.

Participant Declaration:

The One & All is a sailing vessel, by agreeing with and signing this consent form I am agreeing to participate to the best of my ability in all aspects of the voyage. This includes being part of a watch keeping system, keeping a lookout, sail handling and safety checks under the guidance of a ship's officers and crew members.

I also understand that photographic images from the voyage may be used for promotional purposes.

I understand the nature of the One & All Sail Voyage.

I have read this consent and I agree.

Participant Name:…….....……..

Signed:.....……...

Date: .....

Parent / Guardian Declaration:

Participants under 18 years of age also need to have their parent or guardian give their consent for participation:

I understand the nature of the activity and the risks in the activity. I have discussed the program with the program staff and have clarified any areas of concern prior to signing this consent form.

I have completed the form to the best of my knowledge and have **disclosed all information** that is relevant to medical and dietary needs for the safety and care of my son/daughter.

In case of an emergency I allow program staff to take my child for medical assistance by the best available means possible.
Note: any medical and transportation costs will be paid by parent/ guardian

I also understand that photographic images from the voyage may be used for promotional purposes and I give my consent for images of my son/daughter to be used.

I give my consent for .....to attend the Voyage on One & All

Parent / Guardian Name:..... ……

Signed:.....……

Date: .....