

**WALKING TOURS TASMANIA**  
**Trading as Outdoor Tasmania**

**MEDICAL INFORMATION AND CONSENT FOR EMERGENCY MEDICAL TREATMENT**

The following information may help in the event of accident or illness. Please complete the form as accurately and truthfully as possible. The information given will be confidential and will only be used to help us respond in the unlikely event of an accident or illness. If participant is under 18 years it must be signed by parent or guardian.

**PARTICIPANTS NAME** .....

**ADDRESS :**  
.....  
.....

**Home Telephone :** .....

**In the case of emergency please contact :**

Name : ..... Name : .....

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

Home Telephone : ..... Home Telephone : .....

Work Telephone : ..... Work Telephone : .....

Mobile : ..... Mobile : .....

Doctors Name : ..... Telephone : .....

1. Do you suffer from any medical condition? Yes. No.  
If so, please indicate :

Arthritis      asthma      bleeding conditions      diabetes      epilepsy  
Heart condition/high blood pressure      kidney disease      other (please state)

.....

If you suffer from asthma, please complete the following section :

- (1) List any known asthma triggers or factors .....
- (2) Detail usual medical programme .....
- (3) Treatment during worsening asthma .....
- (4) Treatment during crisis situations .....

2. If you have regular or intermittent medications, state nature, dose and frequency of usage :

.....

3. Are you allergic to any drug? Yes. No. If so please indicate :  
 Penicillin Aspirin Morphia Other (please state)  
 .....
4. Are you allergic to any foods or other substances? If so, please list them and describe the reaction.  
 .....
5. Are you allergic to any insect bites or any other creature (if so please indicate severity of allergic reaction & if you carry any medication)  
 .....
5. Do you have any disabilities? Yes. No. If so please describe them :  
 .....
6. Have you had a Tetanus Toxin injection? Yes. No. If so indicate when (circle one)  
 Within the last two years. Within the last ten years More than ten years ago.
7. Do you wear contact lenses? Yes. No.
8. Do you have any false teeth? Yes. No.
9. Can you swim? Yes. No.
10. Please state any other information which you feel may be useful. ....  
 .....  
 .....

**Please read the following question carefully. Your cooperation is important especially when either you or the participant named on this form are on overnight, remote area, expeditions & walks.**

If you or the person named on this form suffer from **any** form of illness or accident, whether serious or not, within 7 days of the commencement of this program you must let us know. This can be done verbally, by phone or email. (please include things such as colds, sore throats, influenza, gastro/intestinal complaints, strains & sprains)

**Note:** In the event of any reoccurrence during an extended bush walking tour, this information will help us make a judgement as to whether the participant should continue or be evacuated.  
 The above information **is important** as any such evacuation can affect the rest of the group. If you are in any doubt as to whether you or the participant should take part in the activity please contact us. We may suggest that you contact a qualified medical practitioner if there is any doubt.

*I .....as parent/guardian of .....  
 (Delete the above four words if over 18)*

***Give permission for medical assistance to be rendered as deemed necessary in case of injury or illness, I further understand that any cost associated with any treatment or evacuation will be born by me or my insurers.***

***Signed.....Date.....***

***You are advised to take out suitable travel insurance for the duration of your trip.***