



Medical Consent Form

Participants Full Name: _____

Date of Birth: _____

Address: _____

Email Address: _____

Best Contact Number: _____

Date of activity: _____

Type of Activity undertaken: _____

How would you rate your skill level for this activity? (please circle)

Beginner | Intermediate | Advanced

Beginner: No bushwalking/hiking or outdoor adventure experience

Intermediate: Some bushwalking/hiking experience (example: you have attended a few ATICA Wilderness hikes).

Advanced: Confident in the outdoors, have a lot of experience (example: have been on previous hiking trips/excursions, or you get out on a regular basis).

Dietary requirements/allergies/preferences:

Medical & Personal Information: (strictly confidential)

It is important that we understand you so that we can provide the best possible experience for you, and in the unlikely event of an accident/injury or illness we need to be able to provide you with the best possible care.

Initial here

1. Please indicate (circle below) if you suffer from any of the following:

Asthma Diabetes Epilepsy/seizures Heart Conditions Pregnancy
Recent injury Recent surgery Respiratory condition Limited Mobility
Allergies Phobias Blackouts Back pain Shoulder pain
Knee pain Ankle pain Elbows/wrist
Reaction to medications (ibuprofen/paracetamol/adrenaline)
Disability—physical/intellectual/emotional

Please advise us of any other injury/illness not listed above if it please provide further details (on items above) or specify any other pre-existing medical conditions.

2. Emergency Contact Number or next of kin (name and number):

3. Do you require any medications?

Agreement to treatment:

In the event of an accident or illness, I, _____ authorise the staff at ATICA Wilderness to initiate any X-ray, examination, anaesthetic, medical, surgical or hospital treatment as may be deemed necessary by a licensed physician and/or surgeon in the event they have been unable to contact my next of kin or emergency contact.

I, _____ also authorise to engage the treatment as required and agree to pay the appropriate fees for such service and treatment.

Signature

Date

Photos/videos Consent Form

Throughout the activity, photo's and video footage are taken and may be used on the ATICA Wilderness social media channels and website as a way of sharing the content, and or to promote ATICA Wilderness Adventures business.

Please tick the box of the following:

☐

I give permission to ATICA Wilderness to use the photos/video footage taken that features me for use on their social media channels and website as a way of sharing content and or to promote their business.

☐

I do not give permission to ATICA Wilderness to use the photos/video footage taken that features me for use on their social media channels and website as a way of sharing content and or to promote their business.

Signature

Date