EBE05b – Student information and consent for   
Outdoor / Off-campus Activity

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| Note: |
| * The purpose of this form is to gather relevant information and consent to participate in an outdoor / off-campus activity. * This information will be used to inform the staff member in charge of the outdoor / off-campus activity, of any medical condition and special needs, so that measures can be taken to facilitate safe participation. |

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| Outdoor / Off-campus activity summary | | | |
| Department |  | | |
| Course code |  | Course |  |
| Activity description |  | | |
| Destination |  | | |
| Departure time |  | Departure date |  |
| Return time |  | Return date |  |

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| **Student details** | | | |
| Name |  | Student number |  |
| Landline number |  | Cell number |  |

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| --- | --- | --- | --- |
| **Emergency contact details** | | | |
| Name |  | Relationship |  |
| Landline number |  | Cell number |  |

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| --- | --- | --- | --- |
| **Medical information** | | | |
| Family doctor name |  | Contact number |  |
| Medical Aid |  | Main member |  |
| Please list any pre-existing medical conditions or allergies that might impact on your ability to participate in this outdoor / off-campus activity. | | | |
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| **Special requests** |
| Please list any special needs or requests, including dietary requirements, applicable to your participation in this outdoor / off-campus activity. |
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| Authorisation | | | |
| I have read the information provided for this outdoor / off-campus activity and agree to abide by the guidelines and procedures provided by the supervisors during the activity. I acknowledge that acceptable standards of behaviour will be expected during this outdoor / off-campus activity. | | | |
| Date |  | Signature |  |