



Participant Medical Information THREE PEAKS CHALLENGE

All information supplied is confidential and this form may be returned in a sealed envelope if desired.

Name: _____ Age: _____ DOB : _____

Medicare No: _____ Expires _____ / _____

Home Address: _____

Home Phone No: _____ Mobile: _____ Email: _____

Emergency Contact: _____
Name
Relationship
Phone No.

Doctor's Name: _____ Doctor's Phone No: _____

Date of latest TETANUS BOOSTER: ___ / ___ / ___ Do you wear glasses or contact lenses? Yes/No

Have you had, or do you have:	No	If 'yes' give details and complete section for prescribed treatment
Heart Problems		
Respiratory Problems		
1. Asthma (date last attack)		
2. Other		
Allergies Below record type of reaction and medication required for treatment.		
1. Drugs/Ointments		
2. Insects		
3. Other (please specify)		
Diabetes		
Blood Pressure		
Recent Operation		
Epilepsy		
Recent illness		
Phobias		
Broken Bones or Sprains or strains		
Other		
Have you had your Appendix removed?		
Dietary Requirements: (ie gluten free, vegetarian, kosher etc)		

Can you swim? Well Fair Not at all

Medicines: Please give details of any medicines carried or being taken by you including **dose, frequency** etc.

I understand that participation in adventurous activities like rock climbing, canoeing, expeditions, hiking and problem solving activities expose me to risk. I also understand that I will be supervised closely by experienced staff while undertaking these activities, and that I will be able to choose my level of participation, within clear safety guidelines appropriate to age and ability.

I give my consent for the staff of Mt Barney Lodge Country Retreat to administer such first aid medical attention as may be deemed necessary, and to take me to a medical facility for treatment if required. I consent to anaesthetic and blood transfusion being administered to me at that medical facility by qualified staff if the necessity arises.

Signature: _____

Date: _____