

# Off-campus activities Information and consent form

The purpose of this form is to have your (or if under 18 years old, your parents/guardians) authorisation to attend the off-campus activity. The information will be used to indicate to the person in charge of the activity of any medical condition/s which may be aggravated by the activity, affect your ability to participate in the activity and inform them of any special needs so that measures can be taken to facilitate safe participation.

Should you wish not to utilise the form below, you can speak directly with the activity organiser, the university's Disability Liaison Unit (DLU) or Occupational Physician who will work with the university to accommodate your needs.

*SCHOOL/DEPARTMENT:* \_\_\_\_\_

*OFF CAMPUS ACTIVITY:* \_\_\_\_\_

*DESTINATION:* \_\_\_\_\_ *DATE(S):* \_\_\_\_\_

<b>Student details</b>	
Name:	Address
Student Number:	Phone number:
Name and relationship of emergency contact:	Phone number:
<b>Relevant Medical Information</b>	
Please list any pre-existing medical conditions or allergies that might impact on your ability to undertake the off-campus activity. Eg. Hernia, back pain, recent injury, heart condition, asthma, diabetes, epilepsy, food allergies, pollen sensitivity etc.	
Please list any medication that might impair your ability to undertake duties whilst engaged in the activity. Eg. Medication which causes drowsiness and may impact in ability to operate machinery or vehicles?	
<b>Special Request</b>	
Are there any special needs or requests, including dietary requirements applicable to your participation in this activity?	

<b>Authorisation</b>
I have read the information provided for this activity and agree to abide by the guidelines and procedures and the directions provided by supervisors during the activity.
I acknowledge that acceptable standards of behaviour will be expected during this activity. I understand that, in the event of serious misbehaviour during the activity, I will be informed and that I may be sent home and that any costs associated with this return will be my responsibility.
Signature: _____ Date: _____

*The information on this form is collected for the primary purpose of enabling you to undertake the off-campus activity. Your personal information may be disclosed to a third party involved in the activity and in the event of an emergency. You have a right to access personal information that Monash holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the Monash University Privacy Officer on 9902 9589.*