# **Conditions of Participation**

## **2022 First Year Advanced Humanities Orientation Camp**

Camp participants are required to exert full co-operation and common sense and to follow the reasonable directions of the employees of QCCC, UQ and/or their agents during the program. Any program participant who undertakes any walking, running, climbing, archery, swimming, canoeing or any similar such activity does so at their own risk, and by so doing absolves QCCC, UQ and their agents of all liability for any consequences of such activity. Notwithstanding, if any person participating in the program behaves in a manner, which, at the sole discretion of the Orientation Camp Manager, is considered to be a threat to the safety or well-being of any person connected with the program, then that person will desist from the subject behaviour immediately upon being requested to do so by the Orientation Camp Manager. Alcoholic beverages and drugs (unless prescribed) are strictly prohibited.

### **Student Details**

|  |  |
| --- | --- |
| **Student Name:** | Click or tap here to enter text. |
| **Preferred Name:** | Click or tap here to enter text. |
| **Student Gender:**(for accommodation purposes) | Click or tap here to enter text. |
| **Student Email Address:** | Click or tap here to enter text. |
| **Student Mobile Number:** | Click or tap here to enter text. |

### **Emergency Contact**

In the event of any emergency, or if the University is required to contact a parent/guardian for any reason, the best contact is -

|  |  |
| --- | --- |
| **Parent/Guardian Name:** | Click or tap here to enter text. |
| **Relationship to Student:** | Click or tap here to enter text. |
| **Contact Number:** | Click or tap to enter a date. |

### **Authorisation of Medical Treatment**

In any situation where the student needs to receive medical, dental or hospital treatment and I cannot be contacted on the numbers provided in the Emergency Contact section above, I as the parent/guardian authorise for the student to receive this treatment.

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| **Parent/Guardian Name:** |  |
| **Contact Number:** |  |
| **Relationship to Student:** |  |

### **Medical Condition and Dietary Information**

To assist with assigning suitable accommodation, adequate access, and support during activities, and to ensure cater for all dietary needs, I advise the following.

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|[ ]  The student ***does not have*** a medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to your healthcare need, medical condition, or allergy. |
|[ ]  The student ***has*** a medical management plan, anaphylaxis medical management plan or risk minimisation plan with respect to your healthcare need, medical condition, or allergy.Details of this are below: |

|  |  |
| --- | --- |
|  **Medical Condition:** | Click or tap here to enter text. |
| **Diagnosed Disability:** | Click or tap here to enter text. |
| **Dietary Requirements** | Click or tap here to enter text. |

If the student has a medical condition and/or is at risk for anaphylaxis, please provide an action plan.

Will the student require medication to be administered or available other than for asthma or anaphylaxis (addressed above) while in the care of UQ?

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|[ ]  No |
| [ ]  | Yes | Details: Click or tap here to enter text. |
|  | [ ]  | A Medical Management Plan is attached |

**Please attach your medical management plan.**

### **Immunisation: COVID-19 vaccination**

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|[ ]  I confirm that I have received two doses of the COVID-19 vaccine and a COVID-19 Vaccination Certificate can be presented if requested. |
|[ ]  I confirm that I have received an authorised exemption letter from the Australian Government Department of Health which can be presented if requested. |

### **Participant Declaration**

**I, the undersigned, accept the conditions of participation in the Advanced Humanities First Year Orientation Camp.**

I confirm if I experience cold or flu-like symptoms I will not attend camp if I have:

* Have an elevated temperature;
* In the 14 days prior to camp, have been in contact with someone that is confirmed to have COVID- 19;
* In the 14 days prior to camp, have returned from overseas or an Interstate Hotspot.
* Have been contacted as part of Queensland Health Contact Tracing efforts in the previous 48 hours prior to camp and not been tested for Covid.
* Awaiting the result of a Covid Test.

I give consent for my name to be given to the businesses visited during this activity in compliance with the Queensland Chief Health Officer's **Restrictions on Businesses, Activities and Undertakings Direction (No. 4) (or its successor).**

I understand temperatures may be monitored throughout the camp program by touch less

thermometers.

I understand if the camp participant experiences cold or flu-like symptoms or an elevated temperature on camp, or are contacted as part of Queensland Health Contact Tracing arrangements, they will be moved to a quarantine area and arrangements made for them to safely return home or to appropriate medical facilities.

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| **Student Name:** | Click or tap here to enter text. |
| **Student Signature:** |  |
| **Witness Signature:** |  |
| **Date** | Click or tap here to enter text. |
| **If the prospective program participant has not yet reached the age of eighteen (18) years, his or her parent or legal guardian must also sign the acceptance of program conditions.** |
| **Parent/Guardian Name:** | Click or tap here to enter text. |
| **Relationship to Student:** | Click or tap here to enter text. |
| **Date:** | Click or tap to enter a date. |
| **Signature:** |  |