|  |  |  |
| --- | --- | --- |
|  | **Fieldwork & Medical Acknowledgement***This form may contain confidential medical information that maybe required in the event of an emergency.**This document is to be kept secure and must be destroyed on completion of the activity.* | **WHS 73** |
| **Fieldwork activity** |  | **Date/s** |  |
| **Course of study /** **Research project** |  |
| **Participant name** |  | **Date of Birth** |  |
| **Phone No** |  | **Staff / Student No** |  |
| **Address** |  |
| **Emergency contact person**  |  |
| **Relationship to you** |  |
| **Best Phone No** |  | **Alternate Phone No** |  |
| **Alternate contact person**  |  | **Phone No** |  |
| **Any known allergies**  |  |
| **Any symptoms of an onset** |  |
| **Treatment in event** **of occurrence** |  |
| **Any current medication**  |  |
| **Any known medical** **or physical conditions** |  |

 **Acknowledgement Information regarding this fieldwork activity:**

🖵 I have been provided with appropriate health and safety information for this fieldwork activity.

🖵 I have been advised of foreseeable hazards associated with this activity.

🖵 I will comply and co-operate with any reasonable instruction or university policy or procedure.

🖵 I understand my behavior on this activity should not put the health and safety of myself or others at risk.

🖵 I have sought counselling regarding a medical condition and the risks associated with this fieldwork.

🖵 I have advised the Fieldwork Leader of appropriate medical advice that will assist in managing this condition.

🖵 I understand that the activities involved have an element of risk to person and property, and although every effort is taken
 to minimise this risk I accept that there is a possibility of harm occurring.

🖵 I understand that although all possible care is taken, the University of South Australia cannot accept responsibility for
 cancellations, loss or damage of equipment, or accidents that may occur as a result of the fieldwork activities.

🖵 I accept responsibility for my own actions and decision to take part in this activity.

🖵 I am aware of the Code of Conduct for Students, and acknowledge that if my actions are non-compliant, I could be
 removed from the activity at my own cost.

Staff / Student / Volunteer Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_

If under 18 years: Parent / Guardian Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_