



## Fieldwork Authorisation & Medical Questionnaire

The purpose of this form is to have your (or if under 18 years old, your parent's/guardian's) authorisation to attend the field trip and to abide by all relevant UNSW rules and regulations. This is compulsory.

The medical questionnaire, which is optional, is to indicate to the person in charge of your fieldtrip if you have any medical condition which may be aggravated by the fieldtrip activity, affect your ability to participate in any fieldtrip activity and inform him/her of your special needs if applicable.

**This information is confidential and will be held by the person in charge of the fieldtrip only**

### 1. Student Identification Information - Compulsory

Surname: \_\_\_\_\_ Given Name: \_\_\_\_\_

| Student No | Contact Ph | Mobile Ph |
|------------|------------|-----------|
|            |            |           |

### 2. Person to Notify in Emergency - Contact Details - Compulsory

**Contact Person:** \_\_\_\_\_

Relationship: \_\_\_\_\_

Work phone: \_\_\_\_\_

Home phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_

### 3. Medical Questionnaire – Optional but Desirable

3.1 Are you required to take any medication that might impair your ability to undertake duties on the fieldtrip eg. medication which induces drowsiness and may impact on ability to operate machinery or vehicles?

Details \_\_\_\_\_

3.2 Do you have any preexisting condition that might impact on your ability to undertake fieldwork duties eg. hernia, backpain, recent injury, heart condition, asthma, diabetes, epilepsy, etc.

Details \_\_\_\_\_

**Doctor's name:** \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_

### 4. Allergy / Condition Questionnaire – Optional but Desirable

Do you have any allergies to the following: (Please mark with cross on items which are applicable and give details)

*Pain medications* \_\_\_\_\_

*Pollen or flower products* \_\_\_\_\_

*Chemicals* \_\_\_\_\_

*Environmental* \_\_\_\_\_

*Animals* \_\_\_\_\_

*Foods* \_\_\_\_\_

*Bee Stings* \_\_\_\_\_

*Other* \_\_\_\_\_

### 5. Authorisation - Compulsory

The information provide by me on this form is correct, to the best of my knowledge.

I will follow the 'UNSW Fieldwork Safety Guidelines', which I have read and understand, as posted on the UNSW Risk Management Site ([www.riskman.edu.au](http://www.riskman.edu.au)). I have also read and will abide by the 'Student Misconduct - Rules', posted at [www.infonet.unsw.edu.au/poldoc/stumis.htm](http://www.infonet.unsw.edu.au/poldoc/stumis.htm)

**I am 18 years of age or over.**

**Full Name** (Print – if under 18, then print parent or guardian's name): \_\_\_\_\_

**Signed** (if under 18, then parent or guardian must sign): \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

#### Privacy Statement

THE PERSONAL INFORMATION THAT YOU PROVIDE ON THIS FORM IS PROTECTED BY THE **PRIVACY AND PERSONAL INFORMATION PROTECTION ACT 1998(NSW)**. ACCESS TO THE INFORMATION THAT YOU PROVIDE IS ONLY AVAILABLE TO YOURSELF AND THOSE PERSONS AUTHORISED TO ACCESS THE INFORMATION IN THE COURSE OF THEIR DUTIES AT UNSW.