

*Before the start of semester it is recommended that you inform the University of any physical or medical conditions that may affect your comfort or safety, or the safety of others during the activity or placement. Provision of this information is not mandatory, but is designed to assist in the event of accident or emergency.*

*Medical information shared with the University of Melbourne is subject to the Information Privacy Act 2000, Health Records Act 2001, Equal Opportunity Act 1995 and the University's Privacy Policy.*

**Statement of Compliance**

Please state the medical or physical condition that could affect your safe participation in the activity you are undertaking:

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.....

Please contact your medical practitioner and obtain a medical certificate stating your ability to participate in this research program.

**Please submit a copy of your medical certificate to the AMS office before commencing AMS.**

The University reserves the right to deny participation in any of the activities where your physical or medical condition may affect your safe participation.

**Consent**

I consent to this information being passed to the coordinators of my research for the purposes of assessing the safety of my participation in this event.

I also agree that the above information is correct and authorise the supervisor in charge to consent to my receiving medical or surgical treatment as may be deemed necessary, in the event I am unable to make such a decision and that my emergency contact has been unreachable.

I agree to carry sufficient quantities of any medication I may require.

If on a fieldtrip, I also agree to include sufficient additional medication to ensure continued treatment in the event that the fieldtrip is delayed or extends for a longer period than initially intended.

**FULL NAME:** .....

**STUDENT ID NUMBER:** .....

**SIGNATURE:**.....**DATE:**.....