

## Mittagundi 10 Day Program Group Information Pack

This info pack provides all that you need to know to book your place on a Mittagundi Program. Please remember to get your medical and permission forms back to your group leader so they can get them to us at least 4 weeks prior to your course start date.

### Questions?

You are bound to have a few! Feel free to give us a call at Mittagundi on 03 5159 7238. We'll do our best to answer the phone; however if we don't, please leave a message and we'll get back to you. You can also contact Sarah, the Business Manager on [info@mittagundi.org.au](mailto:info@mittagundi.org.au)

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For Parents/ guardians:

During a program, Mittagundi can be contacted in an emergency on 03 5159 7238  
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### An important note on Medical and Permission Forms

Mittagundi requires information from you so that we can manage the risks associated with participation in an outdoor education program.

Complete and current information surrounding your medical conditions, histories and medical and/or dietary requirements is vital to providing the best possible management strategies. Mittagundi requires that your group leader fill in and return a complete set of the attached forms **four (4) weeks before your program is due to start.**

We will be in areas that do not offer the same immediate professional medical care as in an urban setting. Mittagundi staff are trained in Wilderness First Aid and appropriate emergency procedures. At Mittagundi the activities involve physical exertion. Therefore, Mittagundi staff must be aware of any pre-existing medical, sporting injuries or other conditions that may arise while on a program.

Late Medical forms may compromise our ability to adequately plan for your medical and dietary needs and consequently may compromise your health and safety.

## 10 Day Program Information

Please check our website for the most up to date news!

Looking for details about Winter and Follow up programs? See [www.mittagundi.org.au](http://www.mittagundi.org.au).

### Brief Itinerary

Day 1	Meet at Albury station, pack and prepare for next day hike, spend the night at Tawonga Hut (gear not needed for hike in transported to Mittagundi via vehicle)
Day 2	Begin walk to Mittagundi from Watchbed Creek near Falls Creek, Camp overnight in tents
Day 3	Continue walk & arrive at Mittagundi mid afternoon
Day 4	Half the group abseils, other half has a farm day
Day 5	Vice versa day 4
Day 6	Half the group rafts or sleds on the Mitta Mitta River, other half has a farm day
Day 7	Vice versa day 6
Day 8	Commence walk out, over High Plains
Day 10	Complete walk out, arrive tired and elated at Albury station

For more detailed information on the program see [www.mittagundi.org.au](http://www.mittagundi.org.au) or give us a ring. Also please note that weather and driver conditions can have an impact upon all of our activities.

### Cancellations/Refunds

(Please think carefully before making a booking) If for whatever reason you cannot make our program we will refund your money up to 6 weeks prior to the commencement of the program. We do not offer refunds less than 6 weeks prior to the program, however you are welcome to switch to a later program so please consider carefully prior to making a booking.

### Frequently Asked Questions

#### *Who else will be on the Program?*

Programs are made up of participants from a wide variety of schools and backgrounds from all over Victoria and beyond. All who will be long time friends by the end.

#### *I don't know anyone going, does this matter?*

Absolutely not! In fact, the less people you know the better. Our programs are designed in such a way that everyone will very quickly get to know everyone.

#### *How old do I have to be?*

You can come to Mittagundi if you're between 14 and 17 years of age (inclusive). We have follow-up programs you can keep coming on and options to help out on programs as leaders when you're a bit older

#### *I am missing school - does this matter?*

Many hundreds of people have told us that their time at Mittagundi has been infinitely more valuable than the days at school might have been. Speak to your school about the days missing and the opportunity that the program offers. Most schools support Mittagundi and if they don't then speak to us about it or look at the holiday options.

*Where do we meet/get picked up from?*

This will need to be arranged with your team coordinator

*What if I don't own everything I need?*

Mittagundi can lend you a good deal of things you'll need, particularly hiking gear such as packs, boots, tents, thermals, shirts, water bottles and so on – talk to us about it.

*Do I need to carry all that stuff all the way to Mittagundi?*

We will make sure that you have got what you need for the hike. Anything that you don't need for the walk in will travel to Mittagundi separately and will be there when you arrive. Please limit yourself to one reasonably sized bag, or they might not all fit in the trailer! Also soft bags are preferable to those with wheels.

*Will I need money?*

Everything that you need for the 10 days is all-inclusive. We do sell handmade Mittagundi goods on the property so if you think you want to go home sporting a Mittagundi hoody then yes bring some money along. All valuables are kept in the Mittagundi safe throughout the duration of the program. Please ensure you give all valuables to staff on arrival.

### **No specialised equipment needed!**

We will provide you with hiking boots, water proof jackets, sleeping bags, back packs, mittens, balaclavas, cooking gear, tents and all gear to do with bush walking, rafting and abseiling. If you have any of these items you are welcome to bring them along, but we may need you to use our gear if yours appears inadequate in any way.

**Mittagundi is a genuine pioneer settlement with no electricity so you will need to leave modern items at home. Please do not bring:**

Watches, iPads, iPods, anything with a battery (except your torch and an optional camera (not your phone one), lollies, soft drink, magazines, books, pocket knives and make up. Also leave anything behind that comes in a pressurized container, such as deodorant. Please do not bring matches or lighters – Mittagundi is also a non-smoking program, so please do not bring tobacco.

For safety while you're travelling to Albury you can take mobiles but we will ask them to be handed over once we start the program.

**What will I need to bring? There are a few things you need to remember to bring.**

<ul style="list-style-type: none"><li>• 2 pairs runners / boots</li><li>• 2-3 woollen or fleece jumpers</li><li>• 2-3 pairs off tracksuit pants or work pants</li><li>• 2-3 pairs of shorts</li><li>• 1-2 long sleeved collared tops (to hike in) such as flannel shirt</li><li>• Underwear</li><li>• 6 pairs Thick woollen socks e.g.; explorers</li><li>• 3 T-shirts</li><li>• Pair of bathers</li><li>• Towel</li><li>• Toiletries / personal medications</li><li>• Sports tape if you have a knee or ankle injury</li></ul>	<ul style="list-style-type: none"><li>• Broad rimmed sunhat</li><li>• Woollen beanie</li><li>• 2 thermal tops (wool or polypropylene)</li><li>• 2 thermal leggings (not skins – need to be wool or polypropylene)</li><li>• 3 large strong garbage bags</li><li>• Torch and spare batteries</li><li>• Cup, Bowl, Spoon for camping</li><li>• 2 x 1lt water bottle</li><li>• 30+ Sunscreen</li><li>• Camera (optional)</li><li>• Musical instrument (optional)</li><li>• A cut lunch for the first day (your travel day)</li></ul>
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The staff work hard to do a great job of caring for you. You'll need to hand in all medications and any other valuables for safekeeping. Please trust the staff and cooperate with them, as it is in your best interest that they help you with any injuries or medical concerns you may have.

**One more thing...**

Mittagundi is all about co-operation. There are no clocks, timetables or rosters. There are always lots of jobs to do, on the track and on the property. We always operate on a volunteer basis and you must come along with a commitment to do your share, in the hard times and the good.

**Where looking forward to seeing you at Albury train station!**

# Medical and Permission Form

Parent or Guardian to complete. **Please give medical forms the completed forms four weeks prior to the course to: Program Manager, Mittagundi, 4385 Omeo Hwy, Glen Valley, VIC 3898.**

The purpose of this form is to help us adequately prepare for your child's program. Please be thorough. Information you provide is confidential, and students will not normally be excluded for medical reasons.

## Participant Details

Name:	DOB:
Address:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email:	Mobile:
Medicare Number:	Course Number/Dates:
School Attended	

## Parent / Guardian Contact

Name:	Relationship:
Address:	Phone:
Email:	Mobile:

## Second Emergency Contact

Name:	Relationship:
Address:	Phone:
Email:	Mobile:

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## Medical History

Does your child suffer from any form of <b>asthma</b> ?		<input type="checkbox"/> YES (complete Asthma Form) <input type="checkbox"/> NO	
Does your child suffer from any <b>allergies</b> ?		<input type="checkbox"/> YES (complete Allergy Form) <input type="checkbox"/> NO	
<b>Does your child have any of the following conditions?</b>			
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	Heart Condition of any kind	<input type="checkbox"/> YES <input type="checkbox"/> NO
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	Hip, knee or ankle injury	<input type="checkbox"/> YES <input type="checkbox"/> NO
Bleeding Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO	Currently taking any medication	<input type="checkbox"/> YES <input type="checkbox"/> NO
Psychological Condition	<input type="checkbox"/> YES <input type="checkbox"/> NO	Migraines or Headaches	<input type="checkbox"/> YES <input type="checkbox"/> NO
Contact Lenses	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sight or Hearing Disorder	<input type="checkbox"/> YES <input type="checkbox"/> NO
Special Dietary Requirements	<input type="checkbox"/> YES <input type="checkbox"/> NO	Sleep walking or vertigo	<input type="checkbox"/> YES <input type="checkbox"/> NO
<p>Provide complete details for questions to which the answer is YES (Use a separate sheet if necessary): Include complete list of any medications:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>Does your child suffer from anxiety or depression or have they had any recent or relevant illnesses or injuries not covered in an earlier question, or undergone surgery recently? (Yes / No)</p> <p>If yes, please supply details – use a separate sheet if necessary.</p> <p>_____</p> <p>_____</p> <p>_____</p>			
<p>My child can swim 50 meters: <input type="checkbox"/> Not at all    <input type="checkbox"/> With a struggle    <input type="checkbox"/> Comfortably    <input type="checkbox"/> Strongly</p>			
<p>Date of child's last Tetanus injection:</p> <p>_____</p>			

## Parent / Guardian Declaration

Please tick the boxes and sign at the end to indicate your consent

☐ I am aware that the Mittagundi 10 day standard Program, in addition to the usual risks inherent in outdoor activities, has certain additional risks and dangers which may include: physical exertion for which my son/daughter may not be prepared, remoteness from normal medical services and weather extremes.

☐ I am aware that the Mittagundi 10-day Program structure involves my son/daughter in the activities of bushwalking, campfire cooking, abseiling, white water rafting and various farm activities such as wood chopping, the blacksmith shop, the joinery, the workshop, and animal husbandry.

☐ I accept that Mittagundi allows participants to play with sticks, swim in a running river/creek, climb trees, milk cows, brush and walk horses, feed animals, work with hot coals in the forge, light camp fires, use hammers, use sharp tools such as knives, splitters, hatchets, draw knives, saws, adze, mattocks, shovels, drills, wire cutters etc. for wood working, making or fixing items, splitting wood, food preparation, fencing and gardening. Other sharp items may be used for additional activities not mentioned for farming and catering. All these activities have a risk of injuring themselves or others in doing so. All activities have a safety briefing and participants must wear appropriate safety equipment appropriate to the activity to minimize the risk of injury or incident. I also accept staff continually monitor the levels of responsibility and maturity shown by individual participants and adjust our supervision of them accordingly.

☐ I realise that Mittagundi cannot be expected to cover medical costs that may arise during the program, associated ambulance costs, lost or damaged personal items, and I agree to be liable for such costs or losses and to arrange for any relevant insurance covers I consider necessary before the program.

☐ I give my son/daughter permission to attend this Mittagundi Program.

☐ I declare that the information which I have provided on this form is complete and correct and that I will notify Mittagundi if any changes occur. I authorise the teacher or any Mittagundi team member who is with my child, to give consent where it is impractical to communicate with me, and agree to my child receiving such medical or surgical treatment as may be deemed necessary. I give permission for Mittagundi to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child. I give permission for Mittagundi to retain this form in their archival program information, noting that I can access it by appointment.

☐ I acknowledge that I have read all the information provided, and that I have completed and attached the medical forms. I also understand that whilst at Mittagundi if my child behaves in any manner that may risk their own or others' safety, or is deemed by the staff to be unacceptable, then their participation on the program may be discontinued.

☐ Photograph Consent: I consent to my child being photographed and/or visual images of my child being taken during activities, for use in Mittagundi publications, on the Mittagundi website, or for publicity purposes without acknowledgment and without being entitled to any remuneration or compensation.  
(Please strike out this sentence if you do not agree)

(Parent/ Guardian) Signed -

Date:

## Participant Declaration

Please tick and sign to indicate your agreement

☐ I agree to abide by the Mittagundi safety rules and to follow the instructions of the Mittagundi Directors and staff at all times.

(Participant) Signed -

Date:

## Asthma Form (Only need to fill this out if your son/daughter has asthma)

Parent or Guardian to complete

Participant's Name:

### Details of Asthma

Usual maintenance medical program followed by the asthmatic:

Preventer medication:

Reliever Medication:

Peak Flow Readings: Best:

Critical:

(Bring own peak flow reader)

Medication and treatment to be used during an emergency asthma attack:

List of known Asthma Triggers: *(These may include food or food additives, insect bites, medications, plants or pollens, detergents, cleaning agents or others.)*

### Key Questions

Has asthma interfered with participation in normal physical activities within the past 12 months?	[ ] YES [ ] NO
Has the participant been admitted to hospital due to asthma in the past 12 months?	[ ] YES [ ] NO
Has the participant been on oral cortisone for asthma within the past 12 months (e.g. Prednisone, Cortisone, etc)?	[ ] YES [ ] NO
Has the participant suffered sudden severe asthma attacks requiring hospitalisation within the past 12 months?	[ ] YES [ ] NO
Does the participant require the use of a nebulising pump as a part of your regular or emergency asthma treatment?	[ ] YES [ ] NO

### Important Notes

If any of the "KEY QUESTIONS" above are answered "Yes", the decision for the participant to attend rests with their Doctor. In this case a "Fitness to Participate" form must be completed by the Doctor (attached). Please take this form to the Doctor with you.

### Declaration

I declare that the information provided on this form is complete and correct and that I will notify Mittagundi if any changes occur. I give permission for Mittagundi to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for Mittagundi to retain this form in their archival program information, noting I can access it by appointment.

Signed:

(Parent/ Guardian) Date:



## Allergy Form (Only needed if your son/daughter has allergies)

Parent or Guardian to complete. If necessary, seek the advice of your doctor when completing this form. **A double dose of all medication required to manage the participant's allergic reaction must be brought on the program and noted on the medical form.**

Participant's Name:

What is the participant allergic to?

What are signs and symptoms of the person's reaction?

Historically, has the participant suffered from:

☐ a **localised reaction** (rash, itching, swelling at the site the poison/irritant enters)

☐ a **systemic reaction** (rash, itching, swelling that spreads over the body)

☐ an **anaphylactic reaction** (severe breathing problem, generalised swelling, emergency situation)

Medication and treatment to be used during an allergic reaction:

### Key Questions

Have allergies interfered with participation in normal physical activities within the past 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Has the participant been admitted to hospital due to allergies in the past 12 months?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the person suffer a systemic or an anaphylactic reaction (see above for definition), to their allergy?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a history of anaphylaxis in the person's family?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Does the person take adrenaline (e.g. Epi-pen), when suffering an allergic reaction?	<input type="checkbox"/> YES <input type="checkbox"/> NO

### Important Notes

If any of the "KEY QUESTIONS" above are answered "Yes", the decision for the participant to attend rests with their Doctor. In this case a "Fitness to Participate" form must be completed by the Doctor (attached). Please take this form to the Doctor with you.

### Declaration

I declare that the information provided on this form is complete and correct. I further declare that if my child (or myself) is unable to self-administer supplied medication, I give permission for trained Mittagundi staff to administer the supplied emergency medication. I give permission for Mittagundi to pass this information to a third party [e.g. Doctor, Hospital] to facilitate the medical treatment of my child (or myself for adults). I give permission for Mittagundi to retain this form in their archival program information, noting I can access it by appointment.

Signed:

(Parent/ Guardian) Date:

## Fitness to Participate Form (Only needed if have asthma/allergies)

**Doctor or specialist to complete. This form is only required for participants who need to complete either the Asthma or Allergy Forms.**

Participant's Name:

Specific Medical Condition: (e.g. Asthma, Allergies)

Notes to treating Doctor:

This patient is scheduled to participate in an Outdoor Education program and has self-identified a pre-existing medical condition on their medical form.

Outdoor Education programs run by Mittagundi are centered in a 'semi-wilderness' setting, meaning that professional medical care may be from 1 to 6 hours away. All programs involve physical exertion, namely, bushwalking (carrying an overnight backpack), river rafting/sledding, abseiling and walking around a sloping farm property; programs may also include camping, cycling, rock climbing or canoeing. We operate in all weather conditions.

Mittagundi staff have a Wilderness First Aid qualification (minimum of 4 days training). This training is based on assessing and treating a patient in a remote or wilderness setting (for more information contact [www.wmi.net.au](http://www.wmi.net.au) ).

### Doctor's Section

Based on the information above and the patient's condition, we ask that you decide on this person's suitability to participate in the upcoming program. If approved, please include specific treatment protocols to follow in the event of an emergency.

**Do you approve this participant attending an Outdoor Education program, based on their current medical condition, coupled with the demands of the program?**

**[ ] YES   [ ] NO**

Should you require any further information on the program, please contact us on (03) 5159 7238.

Doctor's Name and Practice address (please print):

Phone:

Signature of Doctor