Mittagundi Winter Program Info Pack

The winter season makes Mittagundi an ideal location to run ski touring courses. Accordingly we run a separate winter program based around six, seven and nine day ski touring trips for small groups of 20 participants.

This info pack provides all that you need to know to about coming on a Winter Program at Mittagundi.

What’s Included?

✓ Program Information
✓ Medical/Permission Form
✓ Asthma Form
✓ Allergy Form
✓ Fitness to Participate Form

6 DAY PROGRAM:

Day 1. The group arrives in the afternoon and is geared up and prepared for the trip
Day 2. The group is driven to the snow by Mittagundi Land Cruisers. They then ski into their base camp which is MacNamara’s Hut, on the Bogong High Plains.
Day 3. We set out early on a full day ski tour, returning to the Hut for the evening.
Day 4. This afternoon the group skis back to the awaiting Land Cruisers and is driven down to Mittagundi for hot showers.
Day 5. The group spends a day working on various projects around the property, contributing to the ongoing wellbeing of Mittagundi and experiencing the pioneer lifestyle.
Day 6. The group heads home. Departure time depends on distance to travel.

7 DAY PROGRAM:

This is our standard program and is the same as the six day program but has an additional day of working on various projects around the property, contributing to the ongoing wellbeing of Mittagundi and experiencing the pioneer lifestyle. This usually occurs on either side of the ski tour.

9 DAY PROGRAM:

As per six and seven day program plus another day ski trip or more time at Mittagundi depending upon what is arranged.

Please note, if snow conditions are poor we will not stay at the hut, other options include day ski trips from Mittagundi, abseiling, bushwalking, touring of local historical sites and farm activities.

MITTAGUNDI: Is not about skills, but rather an opportunity to live a simple bush way of life. We teach skills in skiing to a basic and safe level; little emphasis is given to technical skills or gear.
**STAFF:** On each course Mittagundi provide three staff who are experienced in what they are doing and highly committed to working with young people and their work at Mittagundi. Additional to this each school is expected to provide at least one teaching staff member to undertake the course with the young people.

**SAFETY:** A considerable amount of time is given to preparation of the students and staff before going to the snow. Instruction in first aid, exposure, gear, accidents, what to do if lost or separated and general snow survival is vital to each person. Although our safety record is unblemished, accidents can happen. We carry appropriate emergency equipment to deal with any situation, which may arise, including emergency communications equipment. We stress SAFETY always and reserve the right to send anyone home (without refund), whose actions place themselves or anybody else at risk.

**A note on Medical 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/ dietary requirements is vital to providing the best possible management strategies. Mittagundi requires that you fill in and return a complete set of the attached forms at least **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. At Mittagundi the activities involve physical exertion. Therefore, Mittagundi staff must be aware of any pre-existing medical 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.

**What will I need to bring on the Winter Program?**

**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 cross country skiing. 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 at home:**

Watches, mobile phones, walkmans, discmans, ipods, anything with a battery (except your torch), lollies, soft drink, magazines, books, pocket knives and make up. You may bring some money if you wish to purchase any Mittagundi clothes or handmade goods. We will be keeping any valuables in safe keeping throughout the program.

**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 base. 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.

See the full list below!
**WINTER CLOTHING & EQUIPMENT LIST**

**Please note:** any items marked with an ** can be provided by Mittagundi if you do not have your own.

**ITEMS TO BE PROVIDED BY STUDENTS**

- 1 Beanie (woollen or fleece)
- 1 Broad Brimmed Sunhat (**NO BASEBALL CAPS**)
- 1 Pair of Sunglasses – essential for snow glare (don’t bring expensive sunglasses)
- **2 Woollen or Polar Fleece Jumpers (cotton ‘Windcheaters’ not suited)**
- 2 Thermal Tops and Bottom (made from wool or polypropylene) (**skins are not suitable**)
- 3 T-Shirts (**No singlets**)
- 2 Tracksuit Pants (**No Jeans**)
- 8 pairs of Woollen Socks (**Long and Thick, cotton not suitable**)
- Underwear for No. of days.
- 2 pairs of sturdy shoes (sneakers or boots)
- 1 Towel
- 1 small torch and spare batteries
- 6 Strong, Large Garbage Bags (**Orange “Garden” Type**)
- 3 Recycled Supermarket bags
- 5 Large, Strong Rubber Bands
- Cup, bowl and spoon (please do not bring knives)
- 2 Water Bottles each 1L Capacity
- Toiletries including - Toothbrush, Toothpaste, Comb/Brush, Deodorant (**roll on, not spray on**).
- **1 Hiking Pack**
- **1 Waterproof Jacket**
- **1 Waterproof over pants**
- **Woollen or Polar Fleece Pants**
- **2 pairs of Gloves or Mittens**
- **1 pair of water proof gloves**
- **Whistle**
- **1 Sleeping Mat**
- **1 Sleeping bag**
- **Personal Care Kit:** Sunscreen (**very important**), Band-Aids and any other personal hygiene needs. Please don’t bring face wipes, bring small container of face wash and moisturiser instead.
- Optional: Cameras and Musical Instruments.

**ITEMS PROVIDED BY MITTAGUNDI**

- Skies, poles and boots
- Tents and Cooking Gear
- Group Food

**PLEASE LEAVE AT HOME**

All Electronic Devices, watches, knives, matches and cigarette lighters, aerosol cans, sporting equipment, magazines, books, make up, lollies and snacks.
MITTAGUNDI MEDICAL & PERMISSION FORM - Parent or Guardian to complete and return it to school

The purpose of this form is to help us adequately prepare for your child’s program. This information is confidential and students will not normally be excluded for medical reasons.

### PARTICIPANT DETAILS

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<thead>
<tr>
<th>Name:</th>
<th>DOB:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>[ ] Male</td>
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<tr>
<td>Email:</td>
<td>Mobile:</td>
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<tr>
<td>School Attended</td>
<td>Medicare Number:</td>
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<td>Program Dates:</td>
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### PARENT/GUARDIAN CONTACT

<table>
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<th>Name:</th>
<th>Relationship:</th>
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<td>Address:</td>
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### SECOND EMERGENCY CONTACT

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### MEDICAL HISTORY

- **Does your child suffer from any form of ASTHMA?**
  - [ ] YES (complete Asthma Form)  [ ] NO
- **Does your child suffer from any ALLERGIES?**
  - [ ] YES (complete Allergy Form)  [ ] NO
- **Does your child have any of the following conditions?:**
  - Diabetes  [ ] YES  [ ] NO  Heart Condition of any kind  [ ] YES  [ ] NO
  - Epilepsy  [ ] YES  [ ] NO  Hip, knee or ankle injury  [ ] YES  [ ] NO
  - Bleeding Disorder  [ ] YES  [ ] NO  Currently taking any medication  [ ] YES  [ ] NO
  - Psychological Condition  [ ] YES  [ ] NO  Migraines or Headaches  [ ] YES  [ ] NO
  - Contact Lenses  [ ] YES  [ ] NO  Sight or Hearing Disorder  [ ] YES  [ ] NO
  - Special Dietary Requirements  [ ] YES  [ ] NO  Sleep walking or vertigo  [ ] YES  [ ] NO
  - Anxiety or Depression  [ ] YES  [ ] NO

Provide complete details for questions to which the answer is YES (Use a separate sheet if necessary):
Include complete list of medications


My child can swim 50 meters:  [ ] Not at all  [ ] With a struggle  [ ] Comfortably  [ ] Strongly

Date of child’s last Tetanus injection:
PARENT/ GUARDIAN DECLARATION

[ ] I am aware that the Mittagundi Winter Alpine 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 Winter Alpine Program structure involves my son/daughter in the activities of bushwalking, campfire cooking, cross country skiing, snow-camping and various farm activities such as wood chopping, the blacksmith shop, the joinery, the workshop, and animal husbandry.

[ ] 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 Winter Alpine 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)

Signed: (Parent/ Guardian) Date:

PARTICIPANT DECLARATION

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

Signed: (Participant) Date:
ASTHMA FORM – Only needs to be completed if ticked YES to ASTHMA above. Please remember to bring your asthma medications with you.

Participants Name:

Usual maintenance medical program follow 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.

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 [eg 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 needs to be completed if ticked YES to ALLERGIES above. If necessary, seek the advice of your doctor when completing this form.

A DOUBLE DOSE OF ALL MEDICATION REQUIRED FOR THE PARTICIPANT’S ALLERGIC REACTION, MUST BE BROUGHT ON THE PROGRAM AND NOTED ON THE MEDICAL FORM.

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<th>Participants Name:</th>
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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?  [ ] YES  [ ] NO
- Has the participant been admitted to hospital due to allergies in the past 12 months?  [ ] YES  [ ] NO
- Does the person suffer a systemic or an anaphylactic reaction (see question 3 for definition), to their allergy?  [ ] YES  [ ] NO
- Is there a history of anaphylaxis in the person’s family?  [ ] YES  [ ] NO
- Does the person take adrenaline (Epi-pen), when suffering an allergic reaction?  [ ] 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. 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 [eg 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 - MEDICAL OFFICER TO COMPLETE

This form is only required for Participants who need to complete either the Asthma and Allergies Forms

Participants Name: ___________________________ DOB: ___________________________

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 hold 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).

Doctor's Section:
Based on this 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 at (03) 5159 7238.

Doctor's Name (Please Print): ___________________________ Phone: ___________________________

Signature of Doctor