

Permission Form

2010 EXCURSIONS



I give permission for my child _____
 (PLEASE PRINT CHILD'S NAME CLEARLY)

to participate in any Excursion outside the school grounds (other than overnight camps) that may be arranged for his / her grade during the year 2010. Parents will be provided with prior notice of any excursions, including date, time, venue, transport arrangements, etc.

I authorise the Principal or teacher-in-charge of my child, where the Principal or teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me to:

- Consent to my child receiving such medical or surgical attention as may be deemed necessary by a medical practitioner.
- Administer such first aid as the Principal or staff member may judge to be reasonably necessary.

Consent to my child receiving medical assessment or inspection by an authorized medical practitioner or registered nurse in relation to infectious diseases as detailed in Schedule 6 (Health Diseases) 2001.

SIGNED : _____ DATE : _____

PHONE : _____

I understand that this form is valid for the complete school year, however, it may be revoked by me, in writing, at anytime during the year.

AMBULANCE SUBSCRIBER : Yes No

(Do you hold a current Health Care Card?) Yes / No

Name of Doctor: _____

Address of Doctor: _____



Telephone No. of Doctor: _____

Medicare Number: _____

- I consent to my child's photograph and name being used in promotional material as a result of the excursions Yes / No
- I consent to my child receiving Panadol or similar Yes / No
 (To be supplied by the parent)

Please list medical information on the reverse side! Excur/Excur2010

MEDICAL INFORMATION

- **Please tick if the student suffers any of the following conditions:**

Asthma Fits of any type Heart condition
 Diabetes Migraine Travel sickness
 Dizzy Spells, Blackouts

- Please specify any other disabilities or conditions requiring special care during an excursion?

- **Medical Condition:** _____

- **Usual treatment** needed by the student at school or on school excursions: _____

- What are the **usual symptoms** of this condition worsening in your child: _____

- **Tablets and Medicines:**

Please specify any medication which the student may take on an excursion.

(Indicate name and dose of medication). _____

All medicines must be handed to the teacher in charge prior to leaving, with the student's name, the dose to be taken and when it should be taken. These will be distributed as required. If it is necessary for the student to carry his/her own medication, eg asthmas, it must be with the knowledge and permission of both the parent and the teacher in charge.

- Please specify any allergies the student is known to have, (eg; penicillin, other drugs, certain foods etc). _____

EMERGENCY ACTION PLAN

The medical treatment and action needed if the student's condition deteriorates: _____

Parents /Guardians signature: _____