

PERMISSION / MEDICAL FORM



School Name: _____

Name of Student: _____

Name of Excursion/Camp: _____

Date: _____ Venue: _____

Dear Parents/Guardians,

Please complete and return this Permission/Medical form which is intended to provide the teacher/supervisor with sufficient information to ensure your child's well-being and which, in the event of an accident or injury, can be passed on to appropriate medical authorities for any necessary emergency assistance.

PERMISSION DETAILS

- a) I hereby give permission for my child to participate in the activity as detailed in the information provided to me. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.
- b) I consent to the teacher seeking such medical advice on behalf of my child as the teacher sees fit in the event of an accident or sudden illness when the teacher is not able to first contact me. If in such an emergency it is in the opinion of an attending medical or dental practitioner that my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), I consent to such medical or dental practitioner giving such attention or treatment.
- c) I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion/camp.

PARENT CONTACT INFORMATION

Please provide information which would assist the teacher to make speedy contact with you in the event of an accident or injury requiring such contact.

Name of Parent/Guardian: _____

Address: _____

Home Phone: _____ Work Phone: _____ MOB: _____

Alternative Contact Name: _____

Home Phone: _____ Work Phone: _____ MOB: _____

Medicare Number: _____

Signed: _____ Date: _____

Parent/Guardian

Please turn over to complete medical details

MEDICAL INFORMATION

Strike out whichever of the following statements which does not apply to your child:

I certify that my child does not, to my knowledge, suffer from any illness or disability which might interfere with or inhibit any medical or dental attention or treatment.

OR

I give notice that my child suffers from the following illness or disability and/or takes medication which might interfere with or inhibit any medical or dental attention or treatment, but certify that to my knowledge, my child does not suffer from any other illnesses or disabilities or take medication which might interfere with or inhibit any medical or dental attention or treatment.

DETAILS:	
Is your child on any prescribed medication(s) which would need to be continued during the excursion/camp?	[<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
(If Yes) DETAILS:	
Does your child have any allergies (e.g. insect bites, food)?	[<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
(If Yes) DETAILS:	
Date of last tetanus vaccination:	____/____/____
Is there any information you would like to give which, in your view, may affect your child's participation in the excursion/camp (including mental health issues)?	[<input type="checkbox"/>] YES [<input type="checkbox"/>] NO
DETAILS:	