



**CONSENT FORM FOR EXCURSION/CAMP**  
**(To be sent to parents in conjunction with school medical information request form)**

\*Please use block letters when filling out this form

**As a parent/guardian of:**

STUDENT'S NAME	
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**I:**

YOUR NAME	
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**give my consent for him/her to participate in:**

NAME OF ACTIVITY	
ACTIVITY DESCRIPTION	

**at/on:**

LOCATION	
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FROM: 

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 TO: 

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 OR ON: 

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**Has a Health Care Plan already been provided to the school?** Yes  No

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the information sheet attached.

**Agreement**

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date:     /     /

**Emergency Contacts  
Parent/Guardian**

NAME			
ADDRESS			
		POSTCODE	
HOME TELEPHONE	WORK TELEPHONE	ALTERNATIVE TELEPHONE	

**Student Medic Alert Number (If applicable):**

\*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

# STUDENT HEALTH INFORMATION

**\*\* PLEASE NOTE: ANY MEDICATION NEEDED DURING THE EXCURSION / CAMP SHOULD BE HANDED TO A TEACHER BEFORE DEPARTURE, WITH WRITTEN DETAILS OF STUDENT'S NAME, MEDICATION, DOSE, ETC. \*\***

**Name of alternative contact person:** .....

Phone No: .....

## MEDICAL CONDITIONS

**Does the student have any medical condition or health problem?** YES  NO

(If you have answered 'YES' please give details of the medical / health problem eg. allergies, asthma, etc).

**Are you aware of any medical emergency, which could occur?** YES  NO

(If you have answered 'YES' please give details).

Situations that should be avoided:

How to recognise emergency:

Emergency treatment required: .....

**Does the student take any prescribed medication (including inhalers)?** YES  NO

Medication: ..... Dose: .....

When Taken: ..... How it is taken: .....

Any side effects: .....

**Has the student received a complete course of Tetanus Toxoid immunisation?** YES  NO

(Check details with your doctor if not sure). **Date of last booster:** .....

**Medicare Number:** .....

**If the student is a member of a private medical benefit fund, give details.**

Fund Name: ..... Benefit Tables: .....

Membership Number: .....

**If the student is covered by an ambulance subscription, give family subscription number:**

**Are there any reasons why your child should follow only a limited programme of physical activity?**

**Has your child any diet restrictions, in case of health problems?** .....

**Additional Comments:** .....