

PERMISSION FORM

Local Excursion, Band & Choir Performance and Sports Competition

This information is intended to assist the school in the case of any medical emergency with your child whilst on an excursion. All information is held in confidence.

Child's Name: _____ Class: _____

Date of Birth: ____/____/____

Parent's/Guardian's Full

Name: _____

Address: _____

_____ Post Code: _____

Home Phone No. _____ Work Phone No. _____

Mobile Phone No. _____ Emergency Phone No. _____

Name, Address & Phone No. of Family

Doctor: _____

Medicare No: _____

Medical/Hospital Insurance Fund: _____ Contribution No: _____

In the case of any emergency, an ambulance will be called.

Please tick if your child suffers any of the following:

- | | | | |
|---|--|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Fits of any type | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Dizzy spells | <input type="checkbox"/> Sleepwalking | <input type="checkbox"/> Blackouts | <input type="checkbox"/> Migraine |
| <input type="checkbox"/> Travel sickness | | | |

Other _____

Does your child have any allergies to:

Penicillin: _____ Other drugs: _____

Any foods: _____ Other: _____

What special care is recommended?

Tetanus Immunisation: Year of last Tetanus immunization_____ Tetanus immunization is normally given at five years of age as Triple Antigen or CDT and at fifteen years of age as ADT.

Tablets and medicines: Does your child take any medication on an ongoing basis? YES / NO
If YES, please state name of medication, dosage etc._____

A Medical Authority Form must be obtained from the office and completed and signed by a parent authorizing staff to administer medication. Medication not normally held at the College office must be handed to the teacher in charge. All containers must be labeled with your child's name, the dose to be taken and when it should be taken. (These will be kept in the first-aid centre and distributed as required). If it is necessary or appropriate for your child to carry their own medication (for example, asthma puffers and insulin for diabetes) it must be with the knowledge and approval of both the teacher in charge and yourself.

CONSENT TO MEDICAL ATTENTION

Where the teacher in charge of an excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge 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 teacher in charge may judge to be reasonably necessary.
- Furthermore, I agree that the school or its agents will not be held responsible for any expenses so incurred.

STANDARD OF BEHAVIOUR

The standard of behaviour expected on an excursion is that which is expected of the child whilst at College. In extreme cases, following consultation with and the approval of the Principal, the excursion staff may determine that a student should return home. If serious misbehaviour warrants this action, parents will be advised immediately of the situation and of the necessary travel arrangements. In signing this form, parents/guardians agree that their child shall be subject to the control of staff member(s) and adults accompanying the group, and any costs associated with the student's return will be the responsibility of the parents/guardians.

APPROVAL FORM:

NAME OF CHILD:

_____ Christian Name

_____ Surname

I approve of my child participating in:

College excursions, Band & Choir performances, sporting activities & competitions and other such activities away from the school grounds but within the greater Hobart community.

Signature of
Parent/Guardian:_____

Date ____/____/____

*College policy requires this consent to be signed for all students attending out of school excursions, cultural and sporting activities and performances.