STUDENT CONSENT AND MEDICAL FORM

Excursion: Outdoor Education Flinders Trek – Wednesday 5 June to Friday 7 June

Student Name: …….. **Class:** ……

- ❑ I give consent for my child to take part in Flinders Trek.
- ❑ I give consent for staff and instructors have my authority to take whatever action they think necessary to ensure the safety, well-being and successful conduct of the students as a group or individually in the above-mentioned activity.
- ❑ If my child becomes ill or is accidentally injured, the school may obtain on my behalf whatever medical treatment my child needs. I will pay all such medical expenses.
- ❑ I give consent for my child to travel in a private vehicle if required.
- ❑ I have completed the required information as asked about my child's health. To the best of my knowledge this is accurate information.

On Friday 7 June my child will be;

- ❑ collected before 3pm by ……
- ❑ walking home before 3pm
- ❑ requiring supervision at school for dismissal at 3pm

Parent Signature: …… Date: ……

FOR EMERGENCY USE ONLY

Emergency contact details		
	Emergency Contact 1	Emergency Contact 2
Name:		
Relationship:		
Home Phone #		
Work Phone #		
Mobile Phone #		

Student Details			
Home Address:		Date of Birth:	
Name of Family Doctor/Clinic		Phone #	
Other Medical Specialist treating your child:		Phone #	
Medicare No:		Private Health Fund:	

For student wellbeing, please complete the following information:

- Is there medical conditions the school should know about caring for your child? ❑ Yes ❑ No

  ❑Allergies ❑Asthma ❑Convulsions / Seizures ❑ Diabetes ❑Other …….

  If so, please give details: ……

  ……

  ……

❑ Does the school hold a current Health Care Plan for your child? ❑ Yes ❑ No

- Has your child had a tetanus immunization? ❑ Yes ❑ No Date of last Injection: ……..

- Has your child ever had penicillin? ❑ Yes ❑ No Is he/she allergic to penicillin? ❑ Yes ❑ No

- Is your child allergic to any other drug/medicine? ❑ Yes ❑ No

  If so, which drug? ……

- Does your child have any regular prescribed medicine? ❑ Yes ❑ No

Name of Medication(s)	Dose	When to be taken	Possible side effects

Note: Any additional medication (ie not held at the school) required during the time your child is away should be handed to a leader on the day prior departure. The following information needs to be included with / on the medication: name of the child, the amount to give for each dose, what time to give it and how it is to be given.

- Is there anything you know about your child's health that means he or she should have only limited physical activity?
  ❑ Yes ❑ No

If so, give details: ……

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……

Does your child have a special diet because of health problems? ❑ Yes ❑ No

If so, give details: ……

……

Is there any other information which might help us to care for your child? ❑ Yes ❑ No

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NB: If you fail or neglect to provide sufficient and current information in writing to enable the proper treatment of your child no liability will be accepted by the school for any injury or illness which your child may suffer as a result.