

LOCAL EXCURSION/MEDICAL CONSENT FORM



In order to streamline the organisation of local excursions, you are required to complete and return the following form to your child/children's or House Mentor. This will eliminate the necessity for written consent each time students are taken on excursions. Organising teachers will provide notification of such activities.

This form provides consent for your child to attend local excursions. It also provides consent for teachers/staff on duty at school or on excursion to administer or obtain any necessary medical treatment, including the use of an ambulance.

Student Name: _____ Year Level: _____

Medical Information

It is important that staff are made aware of any medical or other condition that could affect your child whilst on excursion.

Parent Contact Number/s (all hours) 1. Name: _____ Ph: _____
2. Name: _____ Ph: _____

Emergency Contacts (in the event that we can't contact parents/guardians)

1. Name: _____ Relationship: _____ Ph: _____
2. Name: _____ Relationship: _____ Ph: _____

Do you have ambulance cover? Yes No Do you have Private Health? Yes No

Medicare Number: _____ Ref No: ____ Exp Date: ____/____/____

Please tick any medical conditions your child suffers from.

- None
- ADHD/ADD
- Asthma Has the school been provided with an Asthma Action Plan? Yes No
- Anaphylaxis Has the school been provided with an Anaphylaxis Action Plan? Yes No
- Anxiety
- Aspergers/Autism
- Allergies Please list _____
- Diabetes
- Depression
- Fainting
- Food Allergies/Intolerance Please list _____
- Migraine
- Seizures
- Other Please list _____

Is your child taking any medication/s at present? Yes No
Medication taken at school (please detail) _____
Medication taken at home (please detail) _____

Are there any Family Court Orders/Parenting Plans in place? Yes No
If yes, please provide a copy of the Court Order/Parenting Plan.

I give permission for my child to be administered Paracetamol according to the manufacturer's instructions in the case of mild pain or fever. Yes No

Terms & Conditions

- I understand that I need to complete a separate form for every overnight excursion/camp
- I agree to complete a new form if any of these details change throughout the year. The College will not be held responsible for out-of-date information
- I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I allow supervising staff/teachers to take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group and individually.
- In the event of illness or accident that requires medical attention, I permit supervising staff/teachers to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action.
- I agree to this form providing sufficient permission whilst my child is enrolled at Trinity Anglican College

Parent/Guardian Name: _____ Parent/Guardian Signature: _____

Date: ___/___/___