

TANNUM SANDS STATE SCHOOL



EXCURSION - MEDICAL/CONSENT FORM

EXCURSION: _____ DATE: _____
SURNAME: _____ GIVEN NAME: _____
DATE OF BIRTH: _____
NAME OF PARENT/GUARDIAN: _____
ADDRESS: _____
TELEPHONE NO - HOME: _____ WORK: _____
MEDICARE NO: _____ AMBULANCE SCHEME? YES/NO

CIRCLE EITHER YES OR NO AND GIVE FULL DETAILS:

- | | | |
|----|------------------------------|--------------|
| A. | Date of last Tetanus Booster | _____ |
| B. | Asthma | YES/NO _____ |
| C. | Other respiratory problems | YES/NO _____ |
| D. | Allergies (drugs/other) | YES/NO _____ |
| E. | Sugar Diabetes | YES/NO _____ |
| F. | Recent operation, illness | YES/NO _____ |
| G. | Epilepsy | YES/NO _____ |
| H. | Blood pressure | YES/NO _____ |
| I. | Heart Problems | YES/NO _____ |
| J. | Bed wetting | YES/NO _____ |
| K. | Other - please list _____ | _____ |
| | .. | _____ |

MEDICINES: Please give details of any medication being taken by your child.
Include dosage/frequency etc. _____

NB: All medicines including Panadol or other painkillers must be handed in to staff before the trip commences. Students may keep "puffers" with them.

BEHAVIOUR MANAGEMENT: While on the camp, students must abide by normal school rules.

- ◆ I give my consent for my son/daughter to participate in the program.
- ◆ I further authorise the School Supervisor or his/her representative to obtain such medical attention as may be deemed necessary.
- ◆ I understand I am responsible for any costs incurred.
- ◆ I authorise qualified practitioners to administer anaesthetic and blood transfusion if the necessity arises.
- ◆ I am responsible for picking up my child if his/her behaviour creates an unacceptable hazard.
- ◆ I will pay for any damage caused by my child.
- ◆ I understand that students will be returned home for behaviour that endangers the welfare of others.

Signature of Parent/Guardian: _____ Date: _____

