

NORTH ALBANY SENIOR HIGH SCHOOL
Confidential - Consent Form and Medical Report for Educational
Excursions and School Camps

Location of excursion/camp - _____

Date(s) of excursion(s) /camp - _____

Teacher in Charge - _____

Dear Parent/Caregiver,

This form is to assist the supervising teachers plan for the following excursion or camp. Please complete Sections A ,B, D for all excursions and camps and Section C for water activities.

SECTION A: STUDENT INFORMATION

Student's name: _____ Date of Birth: _____

Parent's/Guardian's full name: _____

Address: _____

Emergency Telephone: all hours _____

Name of Family Doctor: _____ Telephone: _____

Medicare No: _____ Medical/Hospital Insurance: _____

I give permission for the school to seek medical attention for my child as required from the above medical centre. **Yes No**

Do you have ambulance cover? **Yes No**

If there is a medical emergency, parents/carers are expected to meet the cost of an ambulance.

SECTION B: Medical Information Please tick if your child suffers from any of the following:

Heart Condition

Sleep walking

Travel sickness

Fits of any type

Black outs

Dizzy spells

Migraine

Asthma

Other _____

Allergies to: (Please provide details)

Penicillin Any foods _____

Other drugs: _____

Other allergies: _____

What special care is required? _____

Tetanus immunisation:

Last immunisation was on _____. If over 10 years since last immunisation, please TICK if booster is to be arranged by parent/guardian before excursion. (Booster date: _____)

Tablets and medicines:

Is your child presently taking tablets and/or medicine? YES NO

If YES please name the medicine. _____

Does your child self administer the medication? YES NO

If YES, please state the dosage: _____

If NO, please contact the teacher to discuss arrangements for administration of medicine.

Parents/Caregivers are requested to make arrangements for safe-keeping and handling of medicines prior to the excursion

Other information:

Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child:

SECTION C: For Excursions/Camps involving water activities

Please indicate your son/daughter's swimming ability (refer to the Education Department Swimming and Water Safety Continuum – attached)

- | | |
|---------------------|------------------------------|
| 1. Beginner | 7. Intermediate |
| 2. Water discovery* | 8. Water Wise* |
| 3. Preliminary | 9. Senior |
| 4. Water Awareness* | 10. Junior Swim and Survive* |
| 5. Water Sense* | 11. Swim and Survive* |
| 6. Junior | 12. Senior Swim and Survive* |

My child has achieved Stage No:
Date achieved _____

I am unsure. Please assess my child:

Other comments: _____

Medical Details:

Is your child subject to asthma, seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during aquatic activities? (Staff cannot take responsibility for medical conditions of which they are unaware).

YES **NO**

If YES give details:

SECTION D: Consent

I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment.

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I have read and understood the information regarding the excursion and give my consent for my son/daughter _____ to attend.

PARENT/GUARDIAN SIGNATURE: _____ **Date:** _____
