

## **Student Excursion Consent Form**

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Friday, 8 March 2013

Dear Parent/Guardian,

Excursions form an integral part of the coaching & school curriculum. As such it is important that every student attends.

Please find attached a *Parental Excursion Consent Form* and *Confidential Medical Information* form to be completed and returned to the school as soon as possible. These forms will provide consent for all proposed excursions for the coming year.

We will provide sufficient information via email to parents about the nature of the proposed excursions, including;

- A description of the activities to be undertaken and the degree of supervision
- Departure and return times
- Premises to be used
- Travel arrangements
- Clothing and equipment needed
- Dress, selection of students (if places are limited)

It is expected that all students follow normal school rules while on an excursion. This includes a high standard of conduct in public and to follow all teacher instructions.

Kind Regards,

Laura Roberts  
Principal



## **Parental Excursion Consent Form**

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### **Parent consent:**

I have read all of the above information provided by the school in relation to future excursions and have completed the *Parental Excursion Consent Form* giving permission for my child/ren \_\_\_\_\_ of Year \_\_\_\_\_ to participate in all activities organised.

I understand that all students will be properly supervised and I have discussed with my child the responsible behaviour expected while attending this excursion.

I understand that students may travel based on need, in either school organised transport e.g. buses, trains or via staff or approved volunteer's vehicles.

I understand that in the event of my son's/daughter's serious misbehaviour during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_



**Confidential Medical Information** please complete and return to the School ASAP

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This information is intended to assist the school in the case of any medical emergency. All information is held in confidence. Under the *Information Privacy Act 2000* and the *Health Records Act 2001*, schools have a duty to protect the privacy of the individual with regard to their personal and health information. All the personal and health information collected by this form will be kept confidential and only used for the purpose of providing appropriate care of your child. Health information is requested so that staff can properly care for the student and withholding health information that may be required can put the student's health at risk.

Child's name:

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Date of birth:

School year:

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Emergency telephone numbers: after hours:

business hours:

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Name and address of family doctor:

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Medical/Hospital insurance fund:

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Contribution number:

Medicare number:

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Please tick if your child suffers any of the following:

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

Allergies to:

Penicillin:

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Other drugs:

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Any foods:

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Other:

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Any special care needed:

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Tetanus immunisation: year of last tetanus immunisation \_\_\_\_\_ (tetanus immunisation is normally given at four years of age (as Infanrix vaccine) and at fifteen years of age (as ADT vaccine))

**International Football School Ltd**

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**INTERNATIONAL  
FOOTBALL SCHOOL**



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

If YES, please state name of medication, dosage etc.

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All medication must be handed to the teacher-in-charge prior to departure. All containers must be labelled with your child's name, the dose to be taken and when it should be taken. If it is necessary or appropriate for your child to carry their own medication (i.e. asthma puffers, 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 the 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.

Parent/guardian's Signature:

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Parent/guardian's full name:

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Date:

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