



Medical and Consent Form

Student Details

Surname Given Names

Address

Date of Birth / / Age Male ☐ Female ☐

Parent/ Guardian Details

	Mother	Father
Full name of parent or guardian	<input type="text"/>	<input type="text"/>
Home Phone	<input type="text"/>	<input type="text"/>
Work Phone	<input type="text"/>	<input type="text"/>
Mobile	<input type="text"/>	<input type="text"/>
Fax	<input type="text"/>	<input type="text"/>
Email	<input type="text"/>	<input type="text"/>

Special Needs

Please identify any special needs or requirements (e.g. diet)

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Excursion Details

This excursion has been planned to supplement the HSIE study of Democracy & Australia

Dates: Wednesday 7th November 2018 (8:00am) until
Friday 9th November 2018 (approximately 5:00pm return)

Transport: Allen's Coaches

Accommodation: Capital Country Holiday Park, 447 Bidges Road, Sutton, NSW 2620 (02) 62303433

Meals: Will be provided except Wednesday's recess and lunch; and dinner on Friday afternoon (We will stop at MacDonald's in Yass on the way home so your child will need \$10 in an envelope to buy dinner on the way home).

Teachers attending: Miss Post, Mrs Eacott & Mrs Crick

Attractions: Australian War Memorial, National Gallery, Old Parliament House Tour, National Dinosaur Museum, Questacon, Laser Tag, AIS Sports Program, Parliament House Tour, National Capital Exhibition.

Medical Information

Does your child suffer from any of the following? (Please tick if yes)

- | | | |
|--|--|---|
| <input type="checkbox"/> Any allergic condition | <input type="checkbox"/> Skin condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Epilepsy, fits or blackouts | <input type="checkbox"/> A disability or chronic illness | <input type="checkbox"/> Asthma |
| <input type="checkbox"/> Attention Deficit Disorder (ADD/ADHD) | <input type="checkbox"/> Sleep walking | <input type="checkbox"/> A current illness (e.g. flu) |
| <input type="checkbox"/> Bed Wetting | <input type="checkbox"/> Behavioural Problems | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> Adverse reaction to drugs |

If yes to one or more of these, please give details

Current medication

	Breakfast		Lunch		Dinner		Before Bed		Other	
	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
Name: E.g. Bricanyl										

Notes:

- Scheduled medication must be provided in the original container (as required by legislation).
- All medications will be collected and administered by the teacher, unless notified to the contrary.
- Teachers will supervise the taking of all medication.
- Asthma puffers are to be kept with the child at all times.

Consent

Medicare Number (in case of emergency)

Medicare No. _____ Valid until __/__/__

Private Health Cover: Yes / No _____

Name of Health Fund / Membership No. _____

I hereby give permission for my child

to attend the Tarcutta Public School **Canberra Excursion** to Canberra, between Wednesday 7th November 2018– Friday 9th November 2018 by Allen's Coaches, staying at the Capital Country Holiday Park.

In the event of any accident or illness, I authorise the obtaining of such medical assistance on my behalf that my child may require. I also undertake to pay medical fees and/or costs of medication that may be incurred while my child is on the excursion. I give permission for my child to be given Panadol, Nurofen/ travel sickness medication if needed.

Full name of parent/ guardian

Signature

Date