Permission Form

Parent / Caregiver Excursion Consent and Student Medical Information Form

College: St Gregory's College

Excursion: 

Date from: ____________________________ Date to: ____________________________

I, ________________________________, parent / guardian of ____________________________,

(name of parent or guardian)  (strike-out inapplicable)  (name of student)

give my:

1. permission for my child named above to attend the excursion described above, which I understand has been approved by the College Principal,

2. consent for my child to travel on or in any form of public or private transport where such transport is deemed by the College to be necessary or desirable for the safe conduct of the excursion,

3. consent for my child to participate in all activities, outings, trips and functions arranged as part of this excursion,

4. consent for the College, by its servants or agents:
   • to seek such medical or dental advice on behalf of my child as seen fit in the event of accident or illness, and
   • if, in the opinion of an attending medical or dental practitioner or medical officer ('health practitioner') my child requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that health practitioner giving such attention or treatment
     provided that reasonable efforts are made to inform me of any serious injury or illness,

5. certification that the consent which I have given in paragraph 4 is valid at all times while my child is in the custody of the College while attending or participating in the excursion,

6. certification that I understand that the College will take reasonable care in the event of my child suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my child in such event nor will it be directly responsible for any act or omission of any health practitioner attending or treating my child, and

7. certification that if my child should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my child and any adult supervisor that may be required to ensure the safety of my child during that transport.

Signature: ________________________________ Date: ________________________________

(Parent / Guardian)
Medical Information

Is your child in good health? □Yes □No

Does your child suffer any chronic illness? □Yes □No
Details

Does your child suffer any disability? □Yes □No
Details

Does your child suffer any allergy? □Yes □No
Details

Has your child suffered any acute illness in the past four months? □Yes □No
Details

Has your child been treated by a doctor in the past four weeks for illness that would prevent him participating in this excursion? □Yes □No
(If ‘Yes’ please attach a medical certificate outlining treatment and statement of your child’s fitness to attend this excursion)

Has your child had any major surgery? □Yes □No
Details

Does your child need to take any form of medication on the trip? □Yes □No

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<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Medical purpose</th>
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This medication is to be kept on the excursion by: □my child
Do you give permission for Panadol to be administered if needed?  □ Yes  □ No

Has your child had a Diphtheria Tetanus Toxoid booster injection?

□ Yes  □ No

Year of booster injection

Does your child have any special dietary requirements?  □ Yes  □ No

Details

Contact details in case of accident or illness:

Name

Relationship to student

Phone (home)  Phone (work)

Phone (mobile)

Name

Relationship to student

Phone (home)  Phone (work)

Phone (mobile)
The excursion will involve the following water or swimming activities:

**Swimming and canoeing**

These activities will take place at **Camp site Kincumber**

The school will provide the following floatation devices to students who may require assistance in the water.

**Students will be required to wear a Personal Floatation Device PFD when**

**Canoeing at all times on the water.**

In relation to the proposed water or swimming activities, I advise that my child is a: *(please tick one)*

- [ ] strong swimmer
- [ ] average swimmer
- [ ] poor swimmer
- [ ] non-swimmer

I advise that my child requires the following flotation device to assist him/her in the water:

I undertake to provide this device so that my child can participate in the excursion.

[ ] Yes  [ ] No

I give / do not give permission for my child to participate in the water or swimming activities.

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I understand that the information I provide on this form will be handled in accordance with the College Privacy Policy and the *Privacy Act 1998*.

**Signature**  
........................................................................................................ Date  
(Parent / Guardian)

**Signature**  
........................................................................................................ Date