



EXCURSION / ACTIVITY: \_\_\_\_\_  
 DATE : \_\_\_\_\_

**PARENT PERMISSION**

I give permission for my child \_\_\_\_\_ of Year \_\_\_\_\_ to attend **the above activity**.

Parent name: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

NAME OF STUDENT: \_\_\_\_\_ CLASS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

***EMERGENCY CONTACTS (including Parents)***

*The personal details requested are to enable contact to be made with a child's parent the event of an emergency and are strictly confidential*

	<b>NAME</b>	<b>RELATIONSHIP</b>	<b>PHONE</b>
<b>1</b>			<i>Home</i>
			<i>Work</i>
			<i>Mobile</i>
<b>2</b>			<i>Home</i>
			<i>Work</i>
			<i>Mobile</i>

**MEDICAL INFORMATION AND AUTHORITY**

**DOES YOUR CHILD SUFFER FROM ANY OF THE FOLLOWING? (PLEASE CIRCLE)**

Diabetes – YES / NO      Asthma – YES / NO      Epilepsy – YES / NO      Travel sickness – YES / NO

Other: \_\_\_\_\_

**IS HE/SHE ALLERGIC TO ANYTHING?**      YES / NO

(If yes, please state allergy and provide medication if required) \_\_\_\_\_

**IS YOUR CHILD ON ANY CURRENT MEDICATION?**      YES / NO

If yes, the attached Medication Administration Authority MUST be completed.

**PLEASE INDICATE ANY OTHER MEDICAL INFORMATION YOU DEEM NECESSARY FOR US TO KNOW – INCLUDING ANY SPECIAL DIETARY REQUIREMENTS.** \_\_\_\_\_

**AGREEMENT BY PARENT**

I authorise the supervisor to obtain medical attention for my child at their discretion in the event of illness or injury. I agree to pay the fees for such medical expenses and to meet the expenses of pharmaceutical supplies and / or conveyance by ambulance, which may be incurred as a result of medical advice / treatment.

Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_