

St. Gerard Majella School
63 Anderson Road
WOREE QLD 4868



CONSENT AND MEDICAL FORM
(For Excursions lasting one day only)

- This form is to give permission for your child to attend an excursion; and
- To provide medical information that might be needed in case of emergency.
- All information is held in confidence.

Excursion Details

	Dates from:	To:
Location:		
Description:		
Teacher/s in charge:		

- See attached Excursion Itinerary and Information.

Personal Details

Students Name	Grade/Class
Home Address	Date of Birth

Emergency Contacts

Name	Relationship	Phone Home	Phone Work	Mobile
1.				
2.				
3.				

Doctor	Phone	Address

Medicare Number	Private Health Fund	Number

Tablets and Medicine :

Is your child taking any tablets and/or medicine? Yes / No
If YES please state name of medication, dosage etc.

Please Note:

- All medicines must be handed to the teacher in charge prior to leaving. Medicine must have been prescribed by a Doctor and be correctly labelled by your pharmacist. Panadol or any other over-the-counter medicine, WILL NOT BE ADMINISTERED unless prescribed by your Doctor.
- Medication will be kept by the teacher and distributed as required.
- Please do not allow your child to keep any medicine while on the excursion.
- If it is necessary for the student to carry his/her own medication e.g. for asthma, it MUST be with the knowledge and permission of both the parent and teacher-in-charge.

Complete Tetnus Immunization: Yes / No **Date of Last Booster** _____

Please tick if your child suffers any of the following:

Migraine	()	Fits of Any Type	()	Heart Condition	()
Dizzy Spells	()	Asthma	()	Blackout	()
Travel Sickness	()				

Allergic to :

Penicillin ()	Any foods ()	Other Drugs ()	Bites/Stings ()
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Other Allergies :

What special care is recommended

(Please Note: If your child requires any medication in relation to these allergies, **you are required to provide it to be taken along on the excursion. It MUST be prescribed by a doctor**, correctly labelled and handed to your child's teacher prior to the excursion group leaving the school).

Any other relevant information :

Consent :

Medical : In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand the teacher in charge will arrange such medical or surgical treatment as may be deemed necessary.

Participation : I consent to my child's participation in this excursion. I have been informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that may involve some risk.

Expenses: I agree to my child's returning home if necessary in the event of illness, injury or non-cooperation, and agree to pay any expenses involved or to come and collect my child from the excursion.

I agree to reimburse the school for any wanton damage caused by my child.

I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

Signature of Parent / Guardian _____ **Date** _____

Student Declaration

I agree to observe the rules of the camp and to cooperate with the teachers throughout the excursion.

Signed _____ **Date** _____