

LOCAL EXCURSION PERMISSION FORM 2017

(Applicable to Physical Education and Sport activities/classes)



I give permission for my son/daughter(full name) of Year (class) to travel by bus/walk from the school campus to one of the following venues under teacher supervision when necessary for excursion activities:

- Casey Indoor Sports/Leisure Centre/Strike Bowl
- Casey RACE Swimming Pool
- Casey Fields sporting complex
- Crossfit / Pinnacle Gymnasium Cranbourne

I acknowledge that this will be done in an orderly manner with the supervising staff taking normal care and responsibility. This authorisation is to cover any lessons or activities undertaken during 2017. **(NOTE: Details of the specific day/date of these activities will be provided to parents in advance of the activities taking place. This will be done via the School App and written slip.)**

- I authorise the teacher in charge, to consent to medical or surgical treatment as may be deemed necessary for my child, where it is impracticable for prior communication with me.
- I understand that the school will not be responsible for any costs arising from such treatment.
- I agree to be responsible and financially liable for the transport of my student home should this be warranted through unacceptable behaviour or medical emergency.
- I further give permission for my child to travel by private car if required.

Signature:..... Date:

Parent/Guardian's Full Name:

Address:Postcode: Student's Date of Birth:

Telephone: (home)(Business) (Mobile)

Emergency contact name:Telephone:

Family Doctor.....Telephone: Medicare No:

MEDICAL HISTORY

Please indicate if your child has any medical condition that we need to be aware of (eg: Epilepsy)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Fits	<input type="checkbox"/>	Allergies
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Migraine
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Blackouts	<input type="checkbox"/>	Other Food Allergy
<input type="checkbox"/>	Other Drug Allergy	<input type="checkbox"/>	Other Condition	<input type="checkbox"/>	

*** If specific care is necessary, please detail this on a separate page.**

Medication – If the student requires medication please give full details below. (eg: Name/type/dosage)

.....
 ...

If your student is bringing medication on the excursion please ensure it is clearly labelled with students name and full details. On the day of the excursion all medication is to be given to the teacher in charge prior to departure.

Immunisation – Currently immunised Yes / No Date of last Tetanus immunisation/booster

PUBLICITY CONSENT

Photographs/videos are regularly taken of the students involved in various activities for publicity, newsletter or school magazine purposes. Do you consent to images of your child being used in the press or for promotional purposes should the occasion arise?

Parent/Guardian Yes / No(signature)

STUDENT INFORMATION SHEET

This is essential to maintain up to date student records. Please notify the school immediately should there be subsequent changes of address etc throughout the year. Please also alert the school to any changes in your child's medical condition.

I acknowledge that I have provided any necessary additions or changes to my family details.

Parent/ Guardian Yes / No(signature)