

# SURVEYORS CREEK PUBLIC SCHOOL

## Consent and Medical Information Form – Stage 3

### Canberra Excursion - 2019

To assist the staff from Surveyors Creek Public School who are organizing this excursion it would be appreciated if the following form could be completed and returned as soon as possible. Thank You!

First/Given Names:..... Surname:.....

Address:.....

Telephone Home:..... Work: ..... Age: .....

Parent/Caregiver Name in Full.....

Other Contact Person (in case parent/caregiver cannot be contacted):

Name:..... Phone:.....

#### Medical Information:

- Children participating on this excursion with a medical problem should bring a letter from his/her doctor regarding detailed treatment of the condition.
- Any **prescribed medication** that is brought on this excursion should have the child's name, dosage and dosage times on it. It should be placed in a sealed container with the instructions and handed to the teacher in charge of the excursion on the morning of departure. **Only prescribed medication in the child's name will be administered.**

#### Please answer the following questions about your child:

1. Is he/she in good health? Yes/No

2. Does your child suffer from any chronic illness or disability? Yes/No

If yes what is its nature? .....

3. Has he/she suffered from any acute illness during the past four weeks? Yes/No

4. Does he/she suffer from:

Asthma	Yes/No	Epilepsy, fits and blackouts	Yes/No
--------	--------	------------------------------	--------

Skin Conditions	Yes/No	Sleep Walking	Yes/No
-----------------	--------	---------------	--------

Diabetes	Yes/No	Allergic Conditions	Yes/No
----------	--------	---------------------	--------

If yes, give full details of any necessary treatment .....

- **Please attach a current Asthma Action Plan for your child.**

5. Does your child have any allergy to any medications? Yes/No

If yes, give full details? .....

6. Does he/she wet the bed? Yes/No  
 If yes, how often? .....
7. Has he/she had the combined Diptheria, Tetanus, Toxoid booster injection? Yes/No  
 If yes, what year was the last booster given? .....
8. Does your child suffer from travel sickness? Yes/No
9. Does your child have any food allergies that necessitate special dietary considerations? Yes/No  
 This does not include foods that the student does not like.  
 If yes, please specify.....  
 .....

**Parent or Caregiver Consent to seek Medical Attention  
 Medical Treatment**

I hereby agree to my child .....from Class ..... participating in the Years 5 & 6 Canberra/ Snowy Excursion. I understand that travel will be by bus and that he/she will be staying at Canberra overnight.

In the event of any accident or illness, I authorize the obtaining of such medical assistance on my behalf that my child may require.

Your medicare number is required in order to receive immediate medical attention should this be necessary.

Medicare No. :.....

Health Care Card No:.....

Signed: .....  
 Parent/Caregiver

Date:.....

Thank you for your co-operation in completing this form.

Mrs Kathy Browne  
 Principal