

Major Excursion Consent and Medical Information Form – Off Campus Excursions

- This form is to give permission for your child to attend a camp/excursion; and
- To provide medical information that might be needed in case of emergency.

Excursion details

Dates From: To:

Location(s) :

Brief Description:

- See attached Excursion itinerary and information for full details

Teacher(s) in charge:

Personal details

Student's name: Grade/Class:

Home address(es) : Date of birth:

Emergency contacts for this excursion

Name	Relationship	Phone (home) or email	Mobile
1.			
2.			
3.			

Doctor	Phone	Address

Medicare Number	Private Health Fund	Number

Tablets and Medicine (Please tick)

Is your child taking any tablets and/or medicine? Yes ☐ No ☐

If **Yes** please state name of medication, dosage, etc. and answer the following two questions:

Have you completed an Administration of Medication Authorisation? Yes ☐* No ☐

Has your Doctor/Pharmacist/Practice Nurse completed an Administration of Prescribed Medication Authorisation? Yes ☐* No ☐

* The completed forms must be attached if they are not already at the school office.

Please tick if your child suffers any of the following:

Asthma	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>
Dizzy spell	<input type="checkbox"/>	Sleep walking	<input type="checkbox"/>	Bed wetting	<input type="checkbox"/>
Blackout	<input type="checkbox"/>	Migraine	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>

Please indicate if (and what) your child is allergic to:

Any drugs (including Penicillin):

Foods (e.g. nuts, etc):

Any other relevant information:

Consent Form

Medical:

In the event of accident or illness when it is impracticable or impossible to communicate with me, I authorise the teacher(s) in charge or their delegate to:

- consent to such medical or surgical treatment as may be deemed necessary
- administer such first aid as may be judged to be necessary.

Participation:

I consent to my child's participation in this excursion. I have been fully 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 as set out in the excursion description/attached excursion itinerary and information.

Expenses:

I agree to my child returning home if necessary, in the event of illness or injury, and to pay any expenses involved or to come and collect my child from the excursion.

I acknowledge that during the excursion, acceptable standards of behaviour will be expected of the students.

I understand that my child may be sent home in the event of serious misbehaviour during the excursion. I further understand that in such circumstances I will be informed and that any costs involved will be my responsibility.

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.

Parent/Guardian:
Name Signature

Date:

Consent for aquatic (water-based) activities – In addition to this form, specific consent has to be given for any excursion involving aquatic activities. Please read, sign and return the attached consent form.

A parent/guardian must notify the school if there is any change to the information provided on this form.

Personal Information Protection Statement

Personal information will be collected from you for the purpose of obtaining student details and will be used by the school/ college and the department for managing school excursions. Failure to provide this information may result in your child being unable to attend the excursion. Personal information will be used for the primary purpose for which it is collected and may be disclosed to health care and emergency services in the case of an emergency. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the Principal. You can obtain a copy of the Department of Education's Personal Information Protection Policy on request to (School Name) or on the Department of Education website at: <http://www.tas.gov.au/stds/pip.htm>

Please refer to the online copy of this document (TASED-4-1763), located on the Tasmanian Department of Education's website to ensure this version is the most recent.