

JOHN TONKIN COLLEGE

FORM D

PARENT/GUARDIAN CONSENT/MEDICAL FORM FOR EDUCATIONAL EXCURSIONS

Consent/Medical Form for Excursion to be returned signed to the school by:

(DATE) _____

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion and in addition to this should my child infringe on any School Rules may be returned home at my expense.

I agree to inform the organizers well before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged. I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

Information

Home phone:	Mobile:	Work phone:
Other:		

I have read and understood the information regarding the excursion on _____
and give my consent for my son/daughter (STUDENT'S NAME) _____
to attend.

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

Student Agreement

I understand and agree to abide by all excursion/camp rules and restrictions. I also agree that if I infringe any of these rules or restrictions either verbally, written or traditionally understood, I may be returned to my home/school at my parent's expense.

NAME: _____ **SIGNED:** _____

JOHN TONKIN COLLEGE

FORM D (continued)

EXCURSION HEALTH FORM

STRICTLY CONFIDENTIAL

This information, that is required for each student participating on the excursion, will assist the school and supervising teachers in the preparation and planning of an excursion.

STUDENT DETAILS

Student's name: _____

Date of birth: _____

Parent/Guardian's full name: _____

Address: _____ Postcode: _____

Name of family doctor: _____ Telephone No: _____

Medicare Number: _____

MEDICAL DETAILS

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion? **YES / NO**

If "YES", please give details: _____

Is your child allergic to? *(Please give details)*

Penicillin **YES / NO** _____

Any other drug **YES / NO** _____

Any food **YES / NO** _____

Other **YES / NO** _____

Date of last tetanus vaccination: _____

MEDICATION

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? **YES / NO**

Does your child self-administer the medication? **YES / NO**

If "YES", state name of medication, dosage and frequency of use: _____

OTHER INFORMATION

Please provide any other information about your child which will enable the organizers of the excursion to provide better care for your child. _____

*The following details have changed from those recorded on my child's medical information form: