



GLADSTONE SOUTH STATE SCHOOL
EDUCATIONAL EXCURSION/TOUR/CAMP

CONSENT FORM

As parents/guardian of
 (student name)

Igive my consent for
 (Parent/Guardian Name)

him/her to attend the **Life Skills Programme**, and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the above mentioned activity. I also authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anaesthetic and blood transfusions if such an eventuality arises. I submit the following medical information about the above student and include details of limitations which she/he has for the activity concerned.

Signed:Parent/Guardian Date:/...../.....

MEDICAL INFORMATION	
STUDENT NAME:	
ADDRESS/PHONE :	
MEDICARE NUMBER:	DATE OF BIRTH: / /
MEDICAL INSURANCE FUND :	AMBULANCE SUB. NUMBER :
DATE OF YOUR CHILD'S LAST TETANUS BOOSTER :	
Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the information sheet? YES/NO	
Medical Problem	Details
Heart Problems	YES/NO
Respiratory Problems/Asthma	YES/NO
Allergies (Food, Ointments, Other)	YES/NO
Travel Sickness	YES/NO
Blood Pressure	YES/NO
Operations	YES/NO
Epilepsy	YES/NO
Recent Illness	YES/NO
Drugs required	YES/NO
Drug Reactions (eg. penicillin allergy)	YES/NO
Phobias	YES/NO
Diabetes	YES/NO
Bed Wetting	YES/NO
Other	YES/NO
In case of emergency,	
Contact:.....	
Address:.....Phone:	