

Mukinbudin District High School

An Independent Public School

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2020 SECONDARY CAMP CONSENT FORM

STRICTLY CONFIDENTIAL

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

STUDENT DETAILS

Student's name: _____

Date of birth: _____

Parent/Guardian's full name: _____

Address: _____

Postcode: _____

Telephone no. – home: _____

– work: _____

– mobile: _____

Name of family doctor: _____

Telephone no: _____

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:

Penicillin

(Please give details)

Any other drug

Any food- please detail on following page also

Other

Date of last tetanus vaccination: _____

Medication

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

Is your child presently taking tablets and/or other forms of prescribed 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 (Including Specific Dietary Requirements)

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

Medicare Number: _____ Expiry Date: _____

I am aware that any costs incurred as a result of accident or illness are my responsibility and that school staff members are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion.

I agree to inform the organisers well before the scheduled excursion 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.

I have **read** and **understood** the information regarding the Secondary School Camp 2nd November- 6th November 2020, including good standing requirements and parental responsibilities and I give my consent for my son/daughter to attend:

.....
(Name)

Direct Deposit Paid

On Monday 2nd November
My child will be picked up from: **(Please tick)**

Mukinbudin DHS at 7:30am

Bencubbin CRC at 8am

Trayning at 8:30am

On Friday 6th November
My child will be picked up from: **(Please tick)**

Mukinbudin DHS (approx. 3pm for boys and approx. 7:30pm for girls)

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