



PARENT /GUARDIAN/ CARER CONSENT AND STUDENT MEDICAL INFORMATION FORM

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|---------------------------------|-----------|--|---------|--|
| D E T A I L S | School | St Pius X College | | |
| | Excursion | Alpha Youth Program 2019 | | |
| | Date from | Wednesday 1 May, 2019 3:30 – 5:00pm | Date to | Wednesday 26 June, 2017 3:30 – 5:00pm |

Dates in Term 2: Session 1: 1 May, Session 2: 8 May, Session 3: 15 May, Session 4: 22 May, Session 5: 29 May, Session 6: 5 June, Session 7: 12 June, Session 8: 19 June Alpha Retreat Day, Session 9: 26 June

I, _____ parent / guardian / carer of _____

(name of parent/guardian/carer)

(strike-out inapplicable)

(name of student)

give my:

1. permission for my son named above to attend the excursion/camp described above, which I understand has been approved by the school Principal,
2. consent for my son to travel on or in any form of public or private transport where such transport is deemed by the school to be necessary or desirable for the safe conduct of the excursion,
3. consent for my son to participate in all activities, outings, trips and functions arranged as part of this excursion/camp as indicated in the itinerary,
4. consent for the school, by its servants or agents:
 - to seek such medical or dental advice on behalf of my son as seen fit in the event of accident or illness, and
 - if, in the opinion of an attending medical or dental practitioner or medical officer (*'health practitioner'*) my son requires medical or dental attention or treatment (including but not limited to the administration of anaesthetic, blood transfusion or the performance of any surgical operation), to that *health practitioner* giving such attention or treatment *provided* that reasonable efforts are made to inform me of any serious injury or illness,
5. certification that the consent which I have given in paragraph 4 is valid at all times while my son is in the custody of the school while attending or participating in the excursion/camp,
6. certification that I understand that the school will take reasonable care in the event of my son suffering accident or illness but that it will not be responsible for the costs of any medical or dental attention or treatment administered to my son in such event nor will it be directly responsible for any act or omission of any *health practitioner* attending or treating my son, and
7. certification that if my son should bring or consume drugs, alcohol or cigarettes or otherwise exhibit behaviour that seriously endangers themselves or others, I will bear the full cost of return transport home for my son and any adult supervisor that may be required to ensure the safety of my son during that transport.

Signature

Date

(Parent / Guardian / Carer)

| | | | | |
|--|---------------------------------|--|-------------------------|--|
| H E A L T H F U N D | Student Name: | | DOB: | |
| | Medicare no. | | Position on card | |
| | Private health fund name | | Membership no. | |

| | | | | | | | |
|---|---|-----------|--|--|--------|-----------|-----------------|
| M E D I C A L I N F O R M A T I O N | Is your son in good health? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Does your son suffer any chronic illness? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Details | | | | | | |
| | Does your son suffer any disability? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Details | | | | | | |
| | Does your son suffer any allergy? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Details | | | | | | |
| | Has your son suffered any acute illness in the past four months? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| | Details | | | | | | |
| | Has your son been treated by a doctor in the past four weeks? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |
| <p>If you know of any reason why your son cannot fully engage in the activities of this excursion due to a medical condition, please provide a Medical Certificate outlining treatment and a Statement of Fitness from your Medical Practitioner.</p> | | | | | | | |
| Has your son had any major surgery? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| Details | | | | | | | |
| Does your son need to take any form of medication on the trip? | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | |
| <table border="0"> <tr> <td>Medication</td> <td>Dosage</td> <td>Frequency</td> <td>Medical purpose</td> </tr> </table> | | | | Medication | Dosage | Frequency | Medical purpose |
| Medication | Dosage | Frequency | Medical purpose | | | | |
| <p>This medication is to be kept on the excursion by:</p> <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> my son (secondary student) <input type="checkbox"/> nominated staff member (primary student) </div> | | | | | | | |

| | | |
|------------------|---|--|
| D I E T | Does your son have any special dietary requirements? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Details: | |

| | | | |
|--|--|--------------------------|--|
| Contact details in case of accident or illness or other emergency: (Please provide 2 contacts) | | | |
| Contact 1: Name: | | Contact 2: Name: | |
| Relationship to student: | | Relationship to student: | |
| Mobile | | Mobile | |
| Phone (Home) | | Phone (Home) | |
| Phone (Work) | | Phone (Work) | |

| | | |
|------------------|---|--------------------------|
| AUTHORITY | <p>AUTHORISATION BY PARENT/CARER</p> <p>FOR EMERGENCY TREATMENT</p> <p>In the event of my son requiring medical attention, I understand that the leader in charge of the camp/excursion will endeavour to communicate with me concerning the required action. If this is not possible, I authorise the teacher in charge to administer or seek whatever treatment she/he judges to be reasonably necessary.</p> <p>I understand that the information I provide on this form will be handled in accordance with the <i>Privacy Act 1998</i>.</p> | |
| | <p>Signature</p> <p>(Parent / Guardian / Carer)</p> | <p>Date _____</p> |
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