



Student medical details			
Known allergies (drug reactions etc.)		Dietary restrictions:	
		Date of last tetanus injection:	
Medication:	<i>Is the student under medication? (If yes, name medication and attach instructions)</i>		

Student medical details (continued)	
Medical conditions:	<i>Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities? Please provide full details (attach information if necessary). Please provide any other information which you believe may help staff provide the best possible care.</i>

Parental Consent	
<i>Your attention is drawn to the following important points:</i>	
<ul style="list-style-type: none"> <li>• Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action.</li> <li>• The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm.</li> <li>• Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs.</li> <li>• Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student.</li> <li>• Students are not permitted to transport other students in vehicles regardless of written permission being provided.</li> </ul>	
Permission is given to attend this excursion.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Permission is given for school staff to administer first aid if required	<input type="checkbox"/> YES <input type="checkbox"/> NO
Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.	<input type="checkbox"/> YES <input type="checkbox"/> NO
I agree to pay the excursion costs outlined above.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Where the excursion involves aquatic activities, I consent to my child swimming with supervision.	<input type="checkbox"/> YES <input type="checkbox"/> NO
.....	..... / ..... / .....
Parent/Caregiver Name	Parent/Caregiver Signature
	Date