Please complete and return to the classroom teacher by Friday 15 February 2019.

ST PAUL'S LUTHERAN PRIMARY SCHOOL
THE LORD GIVES WISDOM

OFFICE USE ONLY
Received Date:
____ / ____ / ____

PARENT CONSENT FORM
Excursion

Please Note: It is a legal requirement that Parent Consent/Medical Forms be returned prior to the Excursion. It is the school's requirement that this be returned by Friday 15 February 2019. If your child's form is not received by this date, they will not be able to attend the Excursion.

I/we, _____ as parent/carers of
Your First Name and Surname

_____ _____
Child's First Name and Surname *Class*

give my/our consent for him/her to attend the ***Year 3-6 St Paul's Inter-House Swimming Carnival to be held on Friday 22 February 2019 at the Caboolture Pool and Fitness Centre, 198 King St, Caboolture.***

I/we accept that the teachers and instructors will take appropriate disciplinary action in an attempt to ensure the safety, well-being, and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I/we authorise the obtaining of such medical assistance as my child may require. In the event of any medical emergency during the excursion, I/we appoint the supervising teacher-in-charge as our agent, with the right to arrange ambulance evacuation and medical treatment, if deemed necessary, and we cannot immediately be contacted. Any such duly qualified doctor who treats our child in any emergency life-or-death situation:

Strike out which does not apply below and SIGN the action you wish to be taken.

a) Has my/our consent to undertake life-saving surgery, including if necessary, the administration of anaesthetic and/or blood transfusions.
Parent Signature: _____

OR

b) Has my/our consent to take the following alternative action in a life-or-death emergency situation, because of our religious or other objections to blood transfusions or anaesthetics.

_____

_____

Parent Signature: _____

I/we also accept the responsibility for payment of any expenses thus incurred which exceed the limit imposed by the school's insurance policy (student insurance details are available from the office).

If your child requires medication whilst on the excursion, please provide the medication with a Pharmacy Label (Patient Name, Dosage, Doctor's Name) in a clearly labelled container or quick seal bag with documentation stating dosage and frequency and hand it to the teacher on the morning of the excursion.

I/we include the completed medical information section (over the page) about my/our child to assist those who are organising the excursion, and for reference in any medical emergency. I/we will notify the school of any changes to medical conditions during the duration of the excursion.

Signed: _____ Date: ____ / ____ / ____
Parent / Person with Legal Responsibility for the Child

(Continued Over Page)

Emergency Contact Telephone Numbers: _____

_____

Does your child have any medical condition or disability which may affect his or her participation in the excursion / incursion?

YES / NO **If YES, please give details.*

_____

_____

Is your child on any prescribed medication/s which would be required to be continued during the excursion / incursion?

YES / NO **If YES, please give details.*

_____

_____

Does your child have any allergies or sensitivities (e.g. insect bites, food)?

YES / NO **If YES, please give details.*

_____

_____

Does your child have a fear of the water?

YES / NO **If YES, please give details.*

_____

_____

Does your child suffer from motion sickness?

YES / NO **If YES, please give details.*

_____

_____

Is there any other information you would like to give which, in your view, may assist the school in the care and safety of your child during the excursion / incursion?

YES / NO **If YES, please give details.*

_____

_____

Do you give consent for photos/video of your child to be taken by the teachers/staff on this excursion / incursion?

YES / NO