



Excursion Consent and Medical Information Form

I _____ permit _____ of _____
(Name of Parent – printed) (Name of Student) (Homeroom)

to take part in _____ on _____
(Title of excursion) (Date of excursion)

I understand and agree with the activities of and arrangements made for the excursion. During the excursion, I delegate my authority to the supervising staff involved in the excursion. The staff may take necessary disciplinary action, to ensure the safety, wellbeing and successful conduct of the students as a group and individually. If a student fails to comply with regulations, arrangements and/or the spirit of the excursion, it may be necessary for him/her to return home. I understand that this expense will be my responsibility.

In the event of illness or an accident that requires medical attention, I permit supervising staff to seek necessary medical attention on behalf of my child and I agree to be responsible for any costs incurred through such action. This may include the use of an ambulance.

I further authorise qualified practitioners to administer anaesthetic, if such an eventuality necessitates it.

Signature of Parent: _____ Date: / /

Contact Numbers: Home: _____ Work: _____ Mobile: _____

PAYMENT DETAILS:

I enclose cash/cheque payable to Marian Catholic College for \$ _____ **OR** please deduct from my Visa/Mastercard

Card No. _____ Exp Date: __ / __ Cardholder Signature: _____

MEDICAL INFORMATION:

(Students are not permitted to participate in an extended excursion without this information)

1. Medicare Number _____ Expiry Date _____

Are you a member of a Private Health Fund? **NO** [] **YES** [] Please specify below.

Name of Health Fund: _____

Number: _____

2. **Does your child have any medical condition/s that may affect his/her safety during an excursion?**

(Eg. asthma, fainting, seizures, allergies, diabetes, reaction to drugs, headaches)

NO [] **YES** [] Please specify below, outlining an emergency treatment plan. Be specific about any allergies.

3. **Will your child be carrying and/or self-administering any medication in relation to the condition/s listed above?** Parents are requested to make arrangements with the teacher-in-charge for safekeeping and handling of prescribed medications prior to the excursion.

NO [] **YES** [] Please specify, outlining the management plan below.

4. **Please provide any other information about your child which may enable the organisers of the excursion to provide better care for your child. This includes dietary requirements.**
