

CONSENT FORM: EDUCATIONAL EXCURSION

As Parent/ Homestay Parent/ Carer of _____ PCG _____

I, _____ give my consent for him/her to participate in **ALL 2017 Special Education Program (SEP)** educational school excursions/activities and agree to delegate my authority to the teachers involved.

Such teachers may take whatever disciplinary action they may deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the above-mentioned activity.

I also authorise the teachers to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. **With regard to an International student living in a homestay situation any medical cost will be covered by the student or natural parent.**

I further authorise qualified practitioners to administer anaesthetic should this be necessary.

Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in the Information Sheet? **YES/NO**

If YES, give details - _____

I submit the following medical information about the above student and include details of limitations which he/she has for the activity concerned.

I acknowledge that the Department of Education and Training does not have personal accident insurance cover for students:

SIGNED: _____
(Parent/ Homestay Parent/ Carer)

MEDICAL INFORMATION – COMPLETE THIS SECTION FOR ALL STUDENTS

Name of Student: _____ Date of Birth: _____

		DETAILS
(a) Heart Problems	YES/NO	
(b) Respiratory Problems	YES/NO	
(c) Allergies	YES/NO	
(d) Travel Sickness	YES/NO	
(e) Blood Pressure	YES/NO	
(f) Operations	YES/NO	
(g) Epilepsy	YES/NO	
(h) Recent Illness	YES/NO	
(i) Injections and When (eg Tetanus)	YES/NO	
(j) Drugs Required	YES/NO	
(k) Drug Reactions (eg. Penicillin Allergy)	YES/NO	
(l) Other – please state	YES/NO	
(m) Phobias	YES/NO	
(n) Student requires a Medical Plan (please attach)	YES/NO	

➔ **Medicare Number:** _____ ←

➔ **OSHC Medibank Private Number:** (International students only) _____ ←

Contact Phone No: Home _____ Work: _____

Mobile No: _____ **Student mobile No :** _____
(If you have no telephone, please supply the number of a neighbour/relative)



STUDENTS NAME: _____ PCG: _____

PAYMENT FOR (excursion etc)

METHOD OF PAYMENT:

CASH PAYMENT FOR:

CHEQUE PAYMENT FOR: \$ _____ (MAKE CHEQUE PAYABLE TO **CHSHS**)

I hereby authorise Centenary Heights State High School to debit my: **Visa**  **MasterCard** 

EXPIRY: ____/____/____ AMOUNT \$ _____

CARDHOLDERS NAME (as it appears on the card): _____

SIGNATURE OF CARDHOLDER: _____ DATE: ____/____/____