

WYNNUM STATE HIGH SCHOOL
CONSENT FORM: EDUCATIONAL EXCURSIONS/TOURS/CAMPS:

As a parent/guardian of _____, I, _____, give my consent for him/her to attend the _____ excursion on _____ to _____ and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the abovementioned 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. I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

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

Signed:
(Parent/Guardian)

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 _____

MEDICAL INFORMATION

Name of Student _____

Date of Birth _____

		DETAILS
1. Heart Problems	YES/NO	
2. Respiratory Problems	YES/NO	
3. Allergies	YES/NO	
4. Travel Sickness	YES/NO	
5. Blood Pressure	YES/NO	
6. Operations	YES/NO	
7. Epilepsy	YES/NO	
8. Recent Illness	YES/NO	
9. Injections & When (eg Tetanus)	YES/NO	
10. Drugs required Certificate required for prescribed medications	YES/NO	
11. Drug Reactions (eg Penicillin Allergy)	YES/NO	
12. Transfusions (if allowed)	YES/NO	
13. Diabetes	YES/NO	
14. Phobias	YES/NO	
15. Sleepwalking	YES/NO	
16. Other	YES/NO	

Emergency Contacts

Name: _____

Phone: _____

Address: _____