

**Please complete all sections and return to your FORM TEACHER no later than Tuesday 24 March 2020.**

I give permission for \_\_\_\_\_ of Form \_\_\_\_ DOB \_\_\_\_\_ to take part in all aspects of the Interhouse Cross Country at Kearneys Spring on Wednesday 1 April 2020. I give consent for my child to travel by private or government vehicle drive by a staff member during this excursion. I understand that a teacher may not always be the drive or present in the vehicle in which my child is travelling.

Medicare Card Holder Name: \_\_\_\_\_

Medicare Number: \_\_\_\_\_ Reference Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Are you in a Private Medical Fund: YES NO Fund Name: \_\_\_\_\_ Membership Number: \_\_\_\_\_

I submit the following medical information about my student: **PLEASE CLEARLY IDENTIFY ANY NEW MEDICAL INFORMATION WHICH NEEDS TO BE UPDATED ON THE SCHOOL SYSTEM AND FOLLOW UP WITH DOCUMENTATION FROM A MEDICAL PROFESSIONAL WHERE APPLICABLE.**

MEDICAL INFORMATION	YES/NO	DETAILS
Heart problems		
Respiratory problems e.g. Asthma		(please circle) MILD MODERATE SEVERE
Allergies: Insect/plants/other (please circle) EPIPEN or MEDICATION required		
Travel Sickness		
Blood Pressure		
Recent Operations		
Headaches		
Epilepsy		
Recent Illness		
Tetanus Booster		(please circle) CURRENT OUT OF DATE
Phobias		
Back, Bone Joint Problems		
Current Medications & dosage		
Mobility or access issues		
Other/additional information		

- I understand all costs involved in the activity and agree to payment by the due date.
- I understand that where my child is transported in a private or government vehicle, the school will ensure that the driver is licensed and the vehicle is registered.
- I understand that there are **risks involved in all excursions and physical activities.**
- I acknowledge that the Department of Education and Training **does not have Personal Accident Insurance cover** for students.
- I understand that **measures have been put in place** by the supervising teachers to minimise the likelihood of injuries occurring but that **my son/daughter may still be injured** through participation.
- I acknowledge that media images may be taken as part of this activity. Students without permission are responsible for removing themselves from photographs and video.
- I hereby authorise the trip co-ordinator, or representative to obtain such medical attention as may be necessary for my child and I understand that I am responsible for the costs incurred.
- Mobile numbers of students collected will be treated confidentially and used only in emergency situations with the approval of the Principal.

\_\_\_\_\_  
Parent/Carer Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT**

<b>PARENT/CARER NAME:</b>	<b>CONTACT IF PARENT UNAVAILABLE NAME:</b>
<b>BEST PHONE CONTACTS:</b>	<b>BEST PHONE CONTACTS:</b>
<b>STUDENT MOBILE CONTACT (if applicable)</b>	