

PARENTAL CONSENT AND STUDENT MEDICAL FORM

SCHOOL	WAVELL STATE HIGH SCHOOL			
EXCURSION	IMKICKS 6 th February 2016			
STUDENT'S NAME				
DATE OF BIRTH				
NAME OF PARENT/GUARDIAN	<p>1.</p> <p>2.</p>			
TELEPHONE & EMAIL	<p>Home</p> <p>Mobile</p> <p>Email</p>			
MEDICARE	<table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Number</td> <td style="width: 33%;">Ref No</td> <td style="width: 33%;">Expiry Date</td> </tr> </table>	Number	Ref No	Expiry Date
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PRIVATE FUND DETAILS				

PARENTAL CONSENT

- I am aware of the nature and scope of the activities included in this program.
- I am aware of the school's Behaviour Management Policy which appears in student's homework books and agree to delegate my authority to the teachers involved in this activity.
- I authorise the teachers involved in this activity to obtain such medical attention as may be deemed necessary and I understand that I am responsible should any costs be incurred.
- I have completed the attached medical details and have clearly outlined current medical information on my child.
- I give my consent to participate in this music activity.

Parent/Guardian signature _____ **Date** _____

- I give my consent to participate in the swimming activity. (please note that the swimming activity will be fully supervised)

Parent/Guardian signature _____ **Date** _____

• **Special dietary considerations:** *(A sausage Sizzle Lunch will be provided)*

Gluten Free Vegetarian Vegan

• **Does your son/daughter suffer from any of the following?**

If **YES** please give details – severity, medication, date of last attack/operation/injury.

a) Asthma **YES / NO**

➤ If **YES**, please complete an **Asthma Management Form**

b) Other respiratory problems _____

c) Drug Allergies _____

d) Other Allergies (Food, plants, insects, animals) **YES / NO**

➤ If **YES** please complete an **Allergy Reaction Management Form**

e) Diabetes **YES / NO**

f) Epilepsy **YES / NO**

g) Heart Problems **YES / NO**

h) Blood Pressure _____

i) Recent Operations/Injuries _____

Asthma Management and Allergy Management Form are available on request or from your school office.