



**KINGS LANGLEY PUBLIC SCHOOL
2009**



YEAR 6 CANBERRA / SNOWY MOUNTAINS EXCURSION

Consent and Medical Form
(Treated confidentially by the school)

Please complete the following student information.

Student's Name **Class**

Home Phone Number:

Parent's/ Carer's Mobile Number

Name _____ Mobile Number _____

Name _____ Mobile Number _____

Other Contact: Name: Phone:

Medical Problems (e.g. Allergies, asthma, skin conditions, diabetes, epilepsy, adverse reaction to drugs.)

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If your child requires any medication whilst on the Canberra/Snowy excursion please complete details below.

Name of Medication	Dosage and Times

Medication brought on the excursion should have your child's name, dosage and dosage times clearly marked. Only medication in the child's name will be given.

Medically/ culturally restricted foods

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Approximate date of last tetanus injection:

If your child requires Panadol whilst on the excursion do you give permission for the supervising teachers to administer Panadol? (please tick Yes or No)

YES

NO

In the event that your child should require medical attention, it would assist us if you could supply the relevant health insurance information:

Medicare No:

Private Health Insurance Fund:

Private Health Insurance Number

Do you have any personal requests regarding our care of your child? (Travel sickness, etc.)

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PLEASE DO NOT HESITATE TO INFORM US OF ANY MATTER REQUIRING OUR ATTENTION. WE WILL BE PLEASED TO ASSIST

Year 6 Teachers

Mrs Moylan, Mrs Reilly and Mr Williams

PARENT’S / GUARDIAN’S CONSENT

I / We give consent for my/our child_____ of class _____ to attend the 3 day Canberra - Berridale -Snowy Mountains Excursion involving travel by coach on Monday, 31st August; Tuesday, 1st September and Wednesday, 2nd September, 2009.

In the event of an accident or illness, I authorise the obtaining on my/our behalf of such medical assistance as my/our child may require.

I am aware that my/our child will participate in a variety of activities as listed in

correspondence regarding this excursion..

Signed Parent / Guardian:

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Date:

Please fill in the appropriate forms and return them to school by Monday, 17th August.

