2014 Excursion Permission Form

This excursion form will be used for any excursions that your child may participate in throughout the year. This saves you having to complete the same information each time. Please keep it in mind to advise the office if any of the provided details change during the year.

For Water based swimming activities we require the following information:

Please indicate your child’s swimming ability:

Department of Education swimming stage achieved: ______

I am unsure – please assess my child: ______

Swimming Ability:

Stage 1 Beginner
Stage 2 Water Discovery
Stage 3 Preliminary
Stage 4 Water Awareness
Stage 5 Water Sense
Stage 6 Junior
Stage 7 Intermediate
Stage 8 Water Wise
Stage 9 Senior
Stage 10 Junior Swim and Survive
Stage 11 Swim and Survive
Stage 12 Senior Swim and Survive

I give permission for my son/daughter to participate in water based or swimming activities: Y / N

Mills Park – Permission to visit

During the course of the year teachers may occasionally wish to visit the local park – Mills Park located next to the school as part of the students lessons.

I give permission for my son / daughter ______________________________ to visit Mills Park under the supervision of a teacher during the 2014 school year.

Parent Name: __________________________ Signature: __________________________

Date: __________________________
STUDENT DETAILS

Student's name: ___________________________ Date of birth: ___________________________

Parent/guardian's full name: _______________________________________________________

Address: ___________________________ Postcode: ___________________________

Telephone no. – home: ___________________________
 – work: ___________________________
 – mobile: ___________________________

Name of family doctor: ___________________________ Telephone no: ___________________________

Medical details
Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes [ ] No [ ]

If "yes", please give details:

_______________________________

Is your child allergic to:

Penicillin [ ] (Please give details)
Any other drug [ ]
Any food [ ]
Other [ ]

Date of last tetanus vaccination: ___________________________

Medication (Section not applicable for local excursions)
Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the excursion.

Is your child presently taking tablets and/or other forms of medication? [ ] Yes [ ] No

Does your child self-administer the medication?

Yes [ ] No [ ]

If "yes", state name of medication, dosage and frequency of use:

_______________________________

Other information
Please provide any other information about your child which will enable the organisers of the excursion to provide better care for your child

_______________________________

Parent/Guardian Signature: ___________________________ Date: ___________________________