

**KATUNGA SOUTH PRIMARY SCHOOL**  
**Student Permission & Confidential Medical Information**



**EXCURSION:**

**DATE:**

**LOCATION:**

**DEPARTURE TIME:**

**ARRIVAL TIME:**

**EXCURSION COSTS:** \$ cash / Cheque / CSEF / Bank Transfer (Please Circle)

Student's full name: \_\_\_\_\_

Parent/guardian's full name: \_\_\_\_\_

**Please tick if your child suffers any of the following:**

- Asthma (if ticked complete Asthma Management Plan)       Bed wetting       Blackouts  
 Diabetes       Dizzy spells       Heart condition       Migraine  
 Sleepwalking       Travel sickness       Fits of any type  
 Other: \_\_\_\_\_

**Allergies:**

*Please tick if your child is allergic to any of the following:*

- Penicillin       Other Drugs: \_\_\_\_\_  
 Foods: \_\_\_\_\_  
 Other allergies: \_\_\_\_\_

What special care is recommended for these allergies? \_\_\_\_\_

**Medication:**

Is your child taking any medicine(s)?  Yes  No

If yes, provide the name of medication, dose and describe when and how it is to be taken.

\_\_\_\_\_  
\_\_\_\_\_

All medication must be given to the teacher-in-charge. All containers must be labelled with your child's name, the dose to be taken as well as when and how it should be taken. The medications will be kept by the staff and distributed as required. Inform the teacher-in-charge if it is necessary or appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

**Student Permission Form for Travel by Private Vehicle**

In order for students to travel in private vehicles as part of a school trip or excursion, we require written consent from parents/guardians.

**DRIVERS:**

The drivers are fully licensed and the vehicle is roadworthy, Registered and comprehensively insured.

If you consent to your child traveling in a private vehicle under these circumstances, please complete the permission form below and return it to school as soon as possible.

## PRIVATE VEHICLE TRAVEL CONSENT

**Consent:**

I consent to my child taking part in this excursion and where the teacher-in-charge of the excursion is unable to contact me, I authorise the teacher in-charge-to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- Administer such as first-aid as the teacher-in-charge judges to be reasonably necessary.

Signature of parent/guardian (named above): \_\_\_\_\_

Date: \_\_\_\_\_

Emergency Contact (if different from the parent/guardian): \_\_\_\_\_

Emergency telephone numbers for this excursion: \_\_\_\_\_