

St Anthony's School, Girraween

Residential Excursion to Canberra

Permission Form

Full Name of Child..... Class.....

Address.....

Telephone No. (Home)..... Telephone No. (Work).....

Mobile No.

Emergency contact other than parent.....

Tel: (Home) Mobile:

My child has permission to take part in the Year 6 Canberra Excursion on Thursday 14 & Friday 15 September 2017.

Signature of Parent/Carer **Date**

In Case of Accident or Illness

Every care will be taken during the excursion but we cannot overlook the possibility of accidents occurring. Therefore, we would like your permission for a doctor to administer anaesthetic or treatment to your child if he/she deems that this is necessary.

I give permission for my child to receive anaesthetic or treatment in case of accident or illness.

Signature of Parent/Carer **Date**.....

Information

Please include any medical history or treatment details that you think we should know about. (This information is strictly confidential). Include any medication taken by your child.

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Does your child have any dietary requirements or food allergies we should know about?

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Any other problem or information of which we should be aware:

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Name of Family Doctor.....

Telephone No..... After Hours.....

Date of child's last tetanus injection.....

Medicare Number.....