



Beaudesert State High School Consent Form

THIS SECTION TO BE RETURNED TO THE SCHOOL - CONSENT FORM

Excursion Name: _____

If you would like your child to attend please return this form with Payment Options Form and Payment (where applicable) to the finance window before school or at morning tea by _____ (Date)
NB Finance closed Wednesday.

Student's Name:	_____
Form Class:	_____
Is there any medical or psychological reason to prevent your child from participating in any of the activities outlined in this Information Sheet? <input type="checkbox"/> YES <input type="checkbox"/> NO	
Medicare Number (MUST BE COMPLETED)	_____

MEDICAL	YES/NO	PLEASE PROVIDE DETAILS
Current Tetanus Vaccination (within 10 yrs)	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Heart Problems	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Respiratory Problems - eg - Asthma	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Allergies	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Travel Sickness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Blood Pressure	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Operations	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Epilepsy	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Recent Illness	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Medication Required	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Drug Reaction - eg - Penicillin Allergy	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Diabetes	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other – eg - Phobias etc.	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Bed-wetting	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Emergency Contact:	Name: _____	Address: _____
Home Phone No.	_____	Emergency Phone No: _____

As parent/caregiver of I,
give my consent for him/her to participate in and agree to delegate my authority to the teachers involved.

Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group, or individually, in the abovementioned activity. An Activity Risk Assessment for this activity has been undertaken.

I also authorise the teachers to obtain medical assistance, which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality arises.

I submit the following medical information about the above student and include details of limitations, which he/she has for the activity concerned.

I acknowledge that the Department of Education, Training and the Arts does not have personal accident insurance cover for students.

Signed: (Parent/Caregiver) Date: