

Glen Massey School
Outdoor Education Parental Consent & Medical Form

Event: _____

Student's Full Name _____ **Date of Birth:** _____

Name of Parents/Caregivers/N.O.K. _____

Address

Home _____ Work _____

Ph _____ Ph _____

Mobile: _____

In an emergency if person above is not available, please contact : *(Different person than those above)*

Name _____

Address _____

Ph (Day) _____ Ph(Evening) _____ Mobile: _____

Our Family Doctor is: _____ **Ph** _____

Community Service Card No: _____

My child will bring the following medication to camp:

Medicine	Dose	Used for/when

Staff at camp need to be aware of that my child has the following medical problems: *(please circle)*

Allergies: *food / penicillin / stings / other (Please provide details, including treatment to be given):*

Asthma **Bed wetting** **Sleep walking** **Diabetes**

Others: _____

In the event that my child needs medical treatment, doctors should know about these previous operations or previous / existing medical conditions:

When was your child's last tetanus injection? _____

What pain/flu medication may your child be given, if necessary? _____

I give permission for my child to attend and participate in this school camp or trip.

If necessary I authorize the staff to seek medical treatment for my child and administer first aid if required.

- I agree that he/she should take part in such activities and such necessary duties as may be required by the staff.
- **I have discussed the rules of this camp with my child and will support the rules set by the school.**
- I understand that the school will not accept responsibility for the loss or damage of personal property (check your own household insurance policy).
- Should my son/daughter be involved in a serious disciplinary problem, I accept he/she may be sent home at my expense.
- Any medical costs not covered by ACC or a Community Service card will be paid by me.

Name _____

Signature _____

Date _____