Sydney Distance Education High School

Forbes Street WOOLLOOMOOLOO NSW 2011 Locked Bag 5000 POTTS POINT NSW 1335 Telephone: (02) 9383 0200



Excursion Consent Form

Please complete all of the following

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Full name of student	
Address	
Name of supervisor / family member attending	
Emergency Contacts:	
	Name
Relationship	Relationship
Work phone	Work phone
Medicare number	Expiry date
Medical/Hospital Fund	Number
All medication must be clearly labelled with student's name; dose to be taken and time it should be taken.	
Please state the name of any medications, dosage etc.	
Does the student suffer from any medical complaint or allergies that should be made known to staff?	
What special care is recommended?	
If the student has a current ASCIA Action Plan, the student will bring a current EpiPen (adrenaline autoinjector) and their current ASCIA Action Plan. The student must inform the supervising teacher on the day. Students with a current Asthma Action Plan must also bring their Ventolin with them.	
I will bring exact money or a cheque or money order made payable to Sydney Distance Education High School on the day of the excursion. I understand the excursion begins and ends at the venue and I take responsibility for the travel arrangements. I also understand that under no circumstance will students be allowed to leave the excursion before the designated finishing time unless prior arrangements have been made in writing.	
As the supervisor I will / will not be attending.	
Supervisor's signature	Date
I hereby consent to my son/daughter/student (Full name)	
participating in an educational excursion to (Place)	On (Date)
from (Time) to	
I authorise the teacher-in-charge of the excursion, where it is impractical to communicate with me, to consent to the child receiving such medical or surgical treatment as may be deemed necessary.	
Parent / Carer name (please print)	Date
Parent / Carer signature	

