



Parental consent and risk disclosure

Education Outside the Classroom – Parental Consent and Medical Form

It is important that these **Parental consent/medical** forms are completed for all students, to comply with school health and safety requirements.

The purpose of these forms is to enable the school to ensure that optimal staffing levels are provided, the specific needs of participants are met and the educational value and safety of events is maximised.

Details on these forms will remain confidential to school staff, contractors and volunteers associated with supervising activities on the EOTC event.

For safety reasons, please provide us with information that is accurate, complete and up to date.

Acknowledgment of risk

I understand that there are risks associated with involvement in school EOTC events and that these risks cannot be completely eliminated. I understand that the school will identify any foreseeable risks or hazards and implement correct management procedures to eliminate, isolate, or minimise those hazards. I understand that my child has been involved in the development of safety procedures. I will do my best to ensure that my child follows these procedures.

Name of Student:

Address:

DOB: / /

Child's Room No:

EMERGENCY CONTACT DETAILS (please provide at least 2 sets of contact details)

1. Name (Main Caregiver Emergency Contact)

Relationship
to student

eg: Mother/Aunt

Address if
different from
students

Day Phone
Cell Phone

Evening Phone

2. Name

(2nd Main Caregiver Emergency
Contact)

Relationship
to student

eg: Mother/Aunt

Address if
different from
students

Day Phone
Cell Phone

Evening Phone



Health Profile

To be filled out on behalf of the student.

Family Doctors Name:
Phone:
Address:
Medic Alert Number (if applicable)

1. Please tick if you have any of the following:

Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel sickness	<input type="checkbox"/>	Fits of any type	<input type="checkbox"/>
Chronic nose bleeds	<input type="checkbox"/>	Heart condition	<input type="checkbox"/>	Dizzy spells	<input type="checkbox"/>
Colour blindness	<input type="checkbox"/>	Other (please specify)	<input type="text"/>		

For overnight events

Sleepwalking Bedwetting

2. Are you currently taking medication? Yes No

If YES, please state: Ailment/s

Name of medication/s:

Dosage and time/s to be taken

Other treatment:

3. Have you had any major injuries (breaks or strains) or illness (glandular fever etc) in the last six months that may limit full participation in any activities? Yes No

If YES, please state the injury/illness.

4. Are you allergic to any of the following?

	Yes	No	Please specify
Prescription medication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Insect bites/stings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other allergies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
What treatment is required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

5. When was your/your child's last tetanus injection?

6. Outline any dietary requirements.

<input type="text"/>
<input type="text"/>

7. What pain/flu medication may your child be given if necessary?

<input type="text"/>
<input type="text"/>

8. To the best of your knowledge, has your child been in contact with any contagious or infectious diseases in the last four weeks?

Yes No

If YES, please give brief details.

<input type="text"/>
<input type="text"/>

9. Is there any information the staff should know to ensure the physical and emotional safety of your child? (For example cultural practices; disability; anxiety about heights/darkness/small spaces; behaviour or emotional problems).

Yes No

If YES, please state or attach the information.

<input type="text"/>
<input type="text"/>

- I also agree that if prescribed medication needs to be administered, a designated adult will be assigned to do this. I will ensure that prescribed medication is clearly labelled, securely fastened and handed to the designated adult with instructions on its administration.
- I will inform the school as soon as possible of any changes in the medical or other circumstances between now and the commencement of the event.
- I agree to my child receiving any emergency medical, dental, or surgical treatment, including anaesthetic or blood transfusion, as considered necessary by the medical authorities present.
- Any medical costs not covered by ACC or a community service card will be paid by me.
- If my child is involved in a serious disciplinary problem, including the use of illegal substances and/or alcohol, or actions that threaten the safety of others, s/he will be sent home at my expense.

Parental consent

I give permission for my child to be involved in EOTC events during 2010. I understand that details of trips and visits will be sent home prior to the trip taking place.

I know that I am able to ask any questions of the school about the activities my child will be involved in, to gain a better understanding of the risks involved. I recognise that participation in such activities is voluntary and not mandatory. My child and I both understand that they may withdraw from the activity if they feel at risk. This must be done in consultation with the person in charge.

I understand that the school does not accept responsibility for loss or damage to personal property and that it is my responsibility to check my own insurance policy.

I have completed the participant information form and agree to update all information as necessary.

I have read and understand all of the above.

		/ /
Printed Name	Signature	Date

To be read and signed by parent/caregiver.