

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

Full name of student

Address

Name of supervisor / family member attending

Emergency Contacts:

Name 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* 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 medical treatment as may be deemed necessary.

Parent / Carer name *(please print)* Date

Parent / Carer signature

Email: sydneyh-d.school@det.nsw.edu.au
Website: <https://sydneyh-d.schools.nsw.gov.au>

