



SHALOM COLLEGE EXCURSION AGREEMENT SCHOOL ACTIVITY.....

As a parent/guardian of _____

I, _____, give my consent for him/her* to participate in the school activity as detailed in the attached information sheet. I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.

I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

I submit the attached medical information about the above student and include details of limitations which I have for the activity concerned.

SIGNED _____ **(PARENT/GUARDIAN)**

MEDICAL INFORMATION

Student's Date of Birth: _____

Home Address: _____ **Home Phone No:** _____

		DETAILS
Tetanus Injection (Up to date?)	YES / NO	
Epilepsy	YES / NO	
Diabetic	YES / NO	
Heart Problem	YES / NO	
Respiratory Problems	YES / NO	
Allergies	YES / NO	
Travel Sickness	YES / NO	
Recent Illness	YES / NO	
Drugs Required	YES / NO	
Drug Reactions (e.g. Penicillin Allergy)	YES / NO	
Other Information	YES / NO	

Emergency Contact Address: _____

Phone: _____ *(home, work, mobile)*

Medibank or Medical Benefits No: _____ **Table:** _____ **Public/Private:** _____

Medicare No: _____ **Expiry date:** _____

Doctor: _____ **Phone:** _____