

HEATHFIELD HIGH SCHOOL CONSENT FOR EXCURSION/CAMP

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the information attached. Some activities e.g. Knock Out Sports may extend over a period of weeks. The Emergency Information on the first consent form relating to an "ongoing" sport/excursion will be used for the duration of the specified activity unless we are notified of changes. Parents/caregivers and students are required to complete the consent and work required sections of this form for each individual absence from school for an "ongoing" activity.

As a parent/caregiver of:

STUDENT'S NAME	
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I:

YOUR NAME	
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give my consent for him/her to participate in

NAME OF ACTIVITY	VOLLEYBALL STATE SCHOOLS CUP
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at/on:

LOCATION (S)	Brighton SS, Unley HS, Heathfield HS, Westminster, Marion Rec Centre
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FROM:	1	8	14	TO:	3	8	14	OR ON:			
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TRANSPORT ARRANGEMENTS	Bus to first venue only on the Friday after that parent responsibility
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For transport by private car all drivers and passengers **must** complete **Transport of Student by Private Vehicle** see over

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also submitted emergency information including *health care details of any relevant medical or physical limitations she/he has. I also consent to my child's doctor or medical specialist being contacted
- The information given is accurate to the best of my knowledge.
- I am aware of absence from the subject lessons listed below and understand that it is expected that missed work will be made up within a reasonable time as determined by the subject teacher(s).

Parent/ Caregiver Signed: _____ Date: / /

TO THE STUDENT

WORK REQUIRED. Before you have the consent form signed by your parent/ caregiver, for excursions or sporting competitions that involve missing lessons, other than those of the associated subject, you **MUST** negotiate your absence from lessons with your Subject Teachers. You are to negotiate to catch up on missed work within a reasonable time. Students should copy work required into their diaries.

LINE	SUBJECT	WORK REQUIRED	TEACHER'S SIGNATURE
1	Not Needed	Not Needed	Not Needed
2	Not Needed	Not Needed	Not Needed
3	Not Needed	Not Needed	Not Needed
4	Not Needed	Not Needed	Not Needed
5	Not Needed	Not Needed	Not Needed
6	Not Needed	Not Needed	Not Needed
7	Not Needed	Not Needed	Not Needed
8	Not Needed	Not Needed	Not Needed

Once this form has been completed it **must** be returned to and signed by the teacher in charge of the excursion

Teacher in charge Signed: _____

Date: / /

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher in charge to discuss any student health care problems.

EMERGENCY INFORMATION

Emergency Contact 1

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	MOB PHONE
HOME ADDRESS				
WORK ADDRESS				

Emergency Contact 2

NAME	RELATIONSHIP	HOME PHONE	WORK PHONE	MOB PHONE
HOME ADDRESS				
WORK ADDRESS				

Family Doctor or Medical Clinic			Contactable at all times?		Yes	No
NAME		Telephone				
Medical Specialist (if relevant)			Contactable at all times?		Yes	No
NAME		Telephone				
Does your child have an Individual Emergency Health Plan at the school?					Yes	No
Medicare Number		Medic Alert Number (if relevant)				
Private Health Cover	Yes	No	Fund and Number			
Please tick if your child is covered for			Hospital	Extras	Ambulance	

PLEASE TICK IF YOUR CHILD HAS ANY OF THE FOLLOWING MEDICAL CONDITIONS

EATING DISORDERS (eg Allergies to food)	CONVULSIONS/SEIZURES (eg Epilepsy)	ASTHMA OR OTHER CHEST PROBLEMS
ALLERGIES (eg Bee Sting)	DIABETES	VISION Contact Lenses Soft Hard
HEARING PROBLEMS Hearing Aid or Drainage Tubes	OTHER RELEVANT CONDITIONS (eg Attention Deficit Hyperactivity Disorder)	RELEVANT SPORTS INJURIES
DERMATITIS (eg relevant skin conditions)	MEDICATION List any current medication or medication sent with student	
Further information or special instructions		

TRANSPORT OF STUDENT BY PRIVATE VEHICLE

Private Vehicle Driver Section (To be completed by driver)

Circle Correct Answer

You hold a current driver's licence	Full	Provisional
The car you will be driving is registered	Yes	No
The car you will be driving has one of the following insurances	Third Party Property	Full Comprehensive
You understand that neither the school nor DECD accepts responsibility for any claims which may result from a vehicle accident	Yes	No
Please indicate the number of passengers that can be transported safely and with a seat belt		

The following passengers have been allocated to my vehicle

Name of driver _____ Signed _____ Date / /
If student driver under 18 years, parent/caregiver must sign here to give consent

Private Vehicle Passenger Section

Ias the parent/caregiver of.....
give permission for him/her to travel in a private motor vehicle driven by

Signed by parent/caregiver _____ Date / /