

LEETON PUBLIC SCHOOL – DUBBO OVERNIGHT EXCURSION

12/13 October 2023

Section 1 - Parental Consent Form

STUDENTS NAME: _____ CLASS: _____

FATHER'S/MOTHER'S/GUARDIAN/S NAME: _____ (Print)

ADDRESS: _____

TELEPHONE: Home: _____ Business: _____

I hereby consent to my son/daughter/ward participating in the excursion to Dubbo between Thursday 12th October to Friday 13th October 2023.

Whilst travelling on the bus, students may watch movies which may be rated G or PG. These will be at the discretion of the supervising teacher.

I understand that my child will be under the supervision of Leeton Public School Staff. I accept that my child is expected to behave in an appropriate manner and have explained this obligation to him/her.

SIGNED: _____ (Parent/Guardian) DATE: _____

Section 2 - Medical Information

MEDICARE NO.: _____

MEDICAL BENEFIT FUND (If Applicable): _____

PAST ILLNESSES:

Recent or recurrent ear trouble	YES	NO	Asthma	YES	NO
Recent of recurrent sore throats	YES	NO	Bronchitis	YES	NO
Recent or recurrent headaches	YES	NO	Kidney trouble	YES	NO
Recent or recurrent bowel upsets	YES	NO	Allergy	YES	NO
Recent or recurrent abdominal pain	YES	NO	Fits or convulsions	YES	NO
Recurrent fainting attacks	YES	NO	Epilepsy	YES	NO

If YES, please give details: _____

Has he/she suffered from an acute illness or injury during the last four weeks. If YES, what was the illness? **YES** **NO**

Is he/she at present taking any mixture, tablets or other form of medicine prescribed by a doctor? If YES, for what reason was it prescribed? **YES** **NO**

If YES, is he/she able to administer same himself/herself? **YES** **NO**

If applicable, please list the illness, medication, dosage and time medication to be administered.

Illness	Medication	Time to be administered	Dosage

Does he/she wet the bed? (If yes, please supply child with plastic mattress cover) **YES** **NO**

Does he/she suffer from travel sickness? (If yes, please provide medication) **YES** **NO**

Is your child allowed paracetamol &/Ibuprofen (eg Panadol/ Nurofen)? **YES** **NO**

Has he/she been fully immunised as per the NSW Health guidelines **YES** **NO**

Has he/she any form of skin rash or sores? **YES** **NO**

Is he/she sensitive to any drugs or food? **YES** **NO**

If YES, give details _____

Has he/she been away from his/her parents before? **YES** **NO**

In the event of an accident or illness, I authorise the obtaining on my behalf of such medical assistance as my child may require. I also authorise the administering of an anaesthetic if this is deemed necessary by the medical officer attending. I accept full responsibility for all expenses incurred.

In the event of either illness or misbehaviour I will collect my child from the excursion, if requested by staff supervising the excursion.

SIGNED: _____ (Parent/Guardian) DATE: _____

PARENT'S **EMERGENCY** PHONE NUMBER:

Parent/Carer 1 Name: _____

Parent/Carer 2 Name: _____

Home Phone: _____

Home Phone: _____

Mobile Phone: _____

Mobile Phone: _____

Work Phone: _____

Work Phone: _____

ALTERNATIVE EMERGENCY CONTACT NAME & NUMBER

RELATIONSHIP TO CHILD _____