

Dear Parent/Guardian



TRINITY  
ANGELICAN COLLEGE  
Albury • Wodonga

### LOCAL EXCURSIONS FOR 2019

In order to streamline the organisation of local excursions you are requested to complete and return the following form to your child/children’s class or Pastoral Care Group Teacher. This will eliminate the necessity for written consent each time students are taken on short excursions in the local area. Organising teachers will provide notification of such activities either in the fortnightly Newsletter, student diaries or by a letter.

### Medical Consent Form

Student Name: \_\_\_\_\_ Year Level 2019: \_\_\_\_\_ PCG :

I give permission for my child to attend local excursions and I include permission for the teacher in charge, where it is not practicable to contact me, to obtain any necessary medical treatment, including the use of an ambulance.

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_

Date \_\_\_ / \_\_\_ / \_\_\_\_\_

### Medical Information

It is important that staff are made aware of any medical or other condition that could affect your child whilst on excursion.

\* All-hours Contact Numbers: 1. Name \_\_\_\_\_ Ph \_\_\_\_\_  
2. Name \_\_\_\_\_ Ph \_\_\_\_\_

\* Medicare Number: \_\_\_\_\_ Private Health Fund Name \_\_\_\_\_  
Private Health fund membership number \_\_\_\_\_

\* Do you have Ambulance Cover?  Yes  No

\* Family Doctor \_\_\_\_\_ Ph: \_\_\_\_\_

\* Date of last Tetanus Vaccination: \_\_\_ / \_\_\_ / \_\_\_

\* Does your child suffer from anaphylaxis?  Yes  No Has an ASCIA Action Plan been given to the school?  
(NB: If a Medical Box/Epi-Pen and Action Plan have been provided, these will accompany the student on any excursion.)

Does or could your child suffer from asthma?  Yes  No How severely? \_\_\_\_\_

If so, please provide medication that could be taken if needed (eg Ventolin puffer, nebuliser, Becotide etc).

Is your child taking any medication(s) at present?  Yes  No If so, please detail: \_\_\_\_\_

Please specify any medical condition(s) or allergies/food intolerances that may be relevant to your child’s safety: \_\_\_\_\_

*(Include conditions such as: asthma, allergies (to beestings, medications, plants, bites etc), food intolerances and recent operations, possible social or emotional problems, recent muscle, tendon or ligament damage, recent injuries)*

### Emergency Contacts (in the event that we can’t contact parents/guardians)

NAME	RELATIONSHIP	PHONE
_____	_____	_____
_____	_____	_____