



EXCURSION: In-Term Swimming 2009

MEDICAL INFORMATION AND CONSENT FOR EXCURSION

Student Name: _____ **LA:** _____

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

Allergies	<input type="checkbox"/>	Medication required	<input type="checkbox"/>
Allergy to: _____			
Medication name & dose:			

Asthma	<input type="checkbox"/>	Medication required	<input type="checkbox"/>
Medication name & dose:			

Other condition	<input type="checkbox"/>	Other medication required	<input type="checkbox"/>
Medication name & dose:			

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

I have read and understood the attached information regarding the excursion to Riverton Leisureplex for **in-term swimming** and give my consent for my son/daughter _____ to travel by **bus** to attend.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education and Training insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed..... Date.....
(Parent/Guardian)