

# KARABAR

High School Distance Education Centre



## EXCURSION/MINI SCHOOL CONSENT FORM

### 1 PERMISSION/CONSENT

Student's Name: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Telephone Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_

I hereby consent to \_\_\_\_\_ participating in excursions and mini schools organised by Karabar High School Distance Education Centre for the school year 2008  
*(student's name)*

I have signed each section of this Permission Consent Form.

My child will bring the necessary personal requirements as indicated on the information sheets provided before each mini school/excursion.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### 2 COST

I understand that costs relating to mini schools/excursions will be indicated on the information sheets provided before each mini school/excursion.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

### 3 SPECIAL NEEDS

The special needs of my child of which you should be aware (eg allergies, medication – please provide full details).

Medication (please state) \_\_\_\_\_

Food requirements (please state) \_\_\_\_\_

Asthma

Epilepsy

Other (please state) \_\_\_\_\_

**ALLERGIES**

Sun     Grass     Dust     Pollen     Insect bites

Allergy to the following medication/s \_\_\_\_\_

Other (please state) \_\_\_\_\_

*Note: This form contains an Attachment A where parents/guardians may indicate additional specific medical information.*

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**4 OVERNIGHT STAY**

If applicable I give permission for my child to stay at the accommodation as indicated on the information sheet provided before each mini school/excursion. The overnight accommodation is fully supervised by teaching staff.

Additional requirements \_\_\_\_\_  
\_\_\_\_\_

Please state specific information parents/guardians would like to include relating to an overnight stay.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

**5 OTHER ACTIVITIES**

I give permission for \_\_\_\_\_ to participate in organised activities supervised by Karabar Distance Education Centre teachers. This may include:

*(student's name)*

- after school activities eg movies, tenpin bowling, restaurants
- physical activities eg games, walking, cross country

Special activities eg ice skating, abseiling, caving will require special permission and a form will be sent from the school if necessary.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## 6 WATER OR SWIMMING ACTIVITIES

In relation to proposed water or swimming activities, I advise that my child is a

- |   |  |
|---|--|
| <input type="checkbox"/> Strong swimmer | <input type="checkbox"/> Average swimmer |
| <input type="checkbox"/> Poor swimmer   | <input type="checkbox"/> Non swimmer     |
| <input type="checkbox"/> I give         | <input type="checkbox"/> I do not give   |

permission for my child to participate in water/swimming activities, to be held in a swimming pool (not creeks, rivers or surf).

I advise that my child requires the following flotation device to assist him/her in the water.

- |                                    |   |   |
|------------------------------------|---|---|
| <input type="checkbox"/> kickboard | <input type="checkbox"/> water wings          | <input type="checkbox"/> flotation vest |
| <input type="checkbox"/> bubble    | <input type="checkbox"/> other (please state) |   |

I undertake to provide this device so that my child can participate in the mini schools and excursions.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## 7 TRANSPORT

Distance Education students may be transported to various excursion venues.

The student will travel via:

- |                          |                          |  |                                    |
|--------------------------|--------------------------|--|------------------------------------|
| <input type="checkbox"/> | <b>DE Vehicles (Car)</b> | <i>Registration No. AP 60 GO</i>   | Dept Education & Training employee |
|                          |                          | <i>Registration No. AO 42 BZ</i>   | Class CA Driver's Licence          |
| <input type="checkbox"/> | <b>Private Vehicle</b>   | (At times students will be transported by teachers in private vehicles that have had a comprehensive insurance policy sighted by the Principal). |                                    |
| <input type="checkbox"/> | <b>Bus</b>               |  |                                    |

I give permission for the above student to travel by DE Vehicle/Bus/Private Vehicle.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## 8 SPECIAL EXCURSION FOR FULL TIME STUDENTS

I give permission for my son/daughter to attend special excursions or performances organised by Karabar Distance Education Centre teachers. These events are distinct from Mini School activities and may include –

- drama production of English texts e.g. Shakespeare
- visit to Art Gallery
- Hospitality or VET competency excursions. A separate flyer will be distributed to parents outlining all specific details including venue, date, time, departure, return and travel details.

Transport will be via one of the systems indicated on number 7 (transport – previous page).

Signature: .....

# ATTACHMENT A

- |   | <i>YES</i>               | <i>NO</i>                |
|---|--------------------------|--------------------------|
| 1. My child has been immunised against Polio/Diphtheria/Whooping Cough, etc   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. My child has been immunised against tetanus.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child is allergic to particular drugs.<br>Please list _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. My child suffers from a particular allergy or condition eg bee stings, asthma epilepsy, etc.<br>If YES please list _____   | <input type="checkbox"/> | <input type="checkbox"/> |
| If my child has been suffering from a particular disease/injury during the month prior to a mini school/excursion I will notify Karabar Distance Education centre. I will indicate the nature of the problem and what medication has been taken.<br>_____<br>_____                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any other medical details about your child that you consider important. If YES please indicate the nature of the problem.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. I am covered by medical/hospital benefits.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. In the event of any accident or illness I authorise the obtaining, on my behalf of such medical assistance as my child/ward may require. I also authorise the administering of an anaesthetic if this is deemed necessary by the medical officer attending. I agree to pay for any costs involved. |                          |                          |

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# ALLERGY/EPILEPSY INFORMATION

1. Type of allergy (eg eczema, hives, hayfever, asthma, etc) \_\_\_\_\_  
\_\_\_\_\_
2. Allergen (eg contactant, inhalent, ingestant, etc) \_\_\_\_\_  
\_\_\_\_\_
3. Medication sensitivity \_\_\_\_\_
4. Year of onset \_\_\_\_\_
5. Frequency of symptoms \_\_\_\_\_
6. Duration of symptoms \_\_\_\_\_
7. When were the last symptoms? \_\_\_\_\_
8. Describe symptoms in detail and indicate severity \_\_\_\_\_  
\_\_\_\_\_
9. What allergy treatment has your child/ward received? \_\_\_\_\_  
\_\_\_\_\_
10. What oral medication has been taken during the last year? (drugs, dates)  
\_\_\_\_\_
11. What injected medication, during the past year? (names, dosages, dates)  
\_\_\_\_\_
12. What allergy treatment is expected during the excursion? (Be specific)
  - (a) Oral medication \_\_\_\_\_
  - (b) Injected medication \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

# EXCURSION/MINI SCHOOL CONSENT FORM

## *DETACHMENT/SUMMARY SHEET*

Student's Name: \_\_\_\_\_

Valid for the year: \_\_\_\_\_

### SPECIAL NEEDS

The special needs of my child of which you should be aware:

Medication (*please state*) \_\_\_\_\_  
\_\_\_\_\_

Food requirements (*please state*) \_\_\_\_\_  
\_\_\_\_\_

Any chronic or on-going medical condition, e.g. Asthma, Diabetes, Epilepsy, allergies or other (*please state*)  
\_\_\_\_\_  
\_\_\_\_\_

Any other information you feel teachers supervising your child/children should be aware of \_\_\_\_\_  
\_\_\_\_\_

Signature of parent/guardian: \_\_\_\_\_

Emergency phone contact: \_\_\_\_\_