



Padbury Primary School ~ Caring for the Future

LOCAL EXCURSION CONSENT

Dear Parents/Carers,

As part of our class/school programs this year, there will be instances where we need to take students off site in the local area such as the footpaths around the school for running training, Padbury High School for EDU Dance and MacDonald Reserve for sport clinics, carnivals and training.

The purpose of this letter is to provide parents/carers with a single permission and medical form for all planned local excursions. It aims to reduce the amount of forms that parents need to fill in and sign each year. It will allow the school to use these forms for each local excursion we may attend throughout the 2013 school year. Information will still be provided to parents prior to each local excursion with necessary details.

Please:

- Complete and return the ***Parental Consent and Medical Details*** form to your child's teacher by **25th February 2013**

Excursion to: MacDonald Reserve and the footpaths on Giles and MacDonald Avenues on the school grounds.

Purpose of Excursion: Throughout 2013 activities will be conducted at the above sites as part of our educational program. The activities will include but are not limited to:

- Cross Country training and carnivals
- Interschool sporting training and carnival's
- Sporting clinics
- EDU Dance
- Classroom activities

Planned activities: The activities will be explained in a separate note to parents/carers closer to the date of the local excursion.

Transport: Walking to and from venues.

Supervising Staff: Will be identified in the separate note to parents/carers prior to the local excursion.

Special Requirements: Will be identified in the separate note to parents/carers prior to the local excursions.

If any medical details change, please inform the school as soon as possible. If you have any queries regarding the purpose of this generic parental consent and medical information request form for Local Excursions, please contact me on 9401 1255.

Regards,

Taylor Webb
Deputy Principal
11th February 2013



LOCAL EXCURSION STUDENT MEDICAL DETAILS FORM
PADBURY PRIMARY SCHOOL
STRICTLY CONFIDENTIAL

This information is required for each student participating on Local Excursions and will assist the school and supervising teachers in the preparation and planning of the Local Excursions.

Student details

Student's name _____ Date of birth _____

Parent/guardian's full name _____

Address _____ Postcode _____

Telephone no: home _____ Telephone no: work _____

Telephone no: mobile _____

Name of family doctor _____ Telephone no: _____

Medical details

Is your child subject to seizures, fainting, epilepsy, diabetes or any other condition that may affect his or her safety during the excursion

Yes No

If "yes", please give details:

Is your child allergic to:

Penicillin Please give details _____

Any other drug _____

Any food _____

Other _____

Date of last tetanus vaccination: _____

Medication:

Parents/guardians are requested to make arrangements with the teacher-in-charge for the safekeeping and handling of medications prior to the Local Excursion.

Is your child presently taking tablets and/or other forms of medication?

Yes No Medication Name: _____

Does your child self-administer the medication?

Yes No Medication Dosage & Frequency: _____

Other Information: Please provide any other information which the organisers should be aware of:



PADBURY PRIMARY SCHOOL

LOCAL EXCURSIONS - PARENTAL CONSENT

I have read and understood the attached information regarding future Local Excursions (sites adjacent to Padbury Primary School) that will be conducted as part of Padbury Primary School's programs.

The activities will include but are not limited to:

- Cross Country training and carnivals
- Interschool sporting training and carnival's
- Sporting clinics
- Classroom activities
- EDU Dance

I am aware:

- that prior to a Local Excursion a note will be sent home to the parents/carers explaining the nature of the excursion;
- that any costs incurred as a result of accident or illness are my responsibility; and
- that school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the Local Excursion.

I agree to inform the organisers well before the scheduled Local Excursion departure of any change to my child's health and fitness.

I acknowledge that, should it be considered necessary, school staff will arrange to present my child for medical assessment and treatment.

I have completed the requested medical details overleaf and if necessary, I can be contacted at:

Emergency Contact Name: _____

Home Phone: _____

Work Phone: _____

Mobile Phone: _____

I give my consent for my son/daughter _____ to participate in local excursions organised by the school during 2013.

Signature of parent/guardian: _____

Date: _____

**PLEASE COMPLETE BOTH SIDES OF THIS FORM AND RETURN IT TO
YOUR CHILD'S TEACHER BY 25th February 2013**