EXCURSION PERMISSION and MEDICAL FORM
(to be returned to your Classroom Teacher)

NAME OF EXCURSION: _________________________________________________________

STUDENT’S NAME: ___________________________________________ CLASS: ______

NAME OF PARENT/GUARDIAN: ____________________________________________

CONTACT TELEPHONE: ___________________ (HOME) ___________________ (MOBILE)

MEDICARE NUMBER: _ _ _ _ / _ _ _ _ _ / _

ASThma  ☐ Yes  ☐ No
ALLERGIES  ☐ Yes  ☐ No
EPILEPSY  ☐ Yes  ☐ No

OTHER (Please list): ________________________________

ARE THERE ANY MEDICAL OR PHYSICAL REASONS THAT WOULD LIMIT YOUR
SON/DAUGHTER’S FULL PARTICIPATION IN THE EXCURSION?     YES ☐    NO ☐

IF YES - PLEASE GIVE DETAILS: ________________________________

Is your son/daughter currently taking any prescribed medication?    YES ☐       NO ☐

(Medication must be supplied to teacher in original Prescription Package)

If yes - please give details of dosage, frequency and doctor’s instructions: __________________

I am aware of the types of activities included in the program and what they entail. I give permission for my
son/daughter to participate in all aspects of the Program. I authorise the excursion organiser/supervising
teacher to obtain such medical attention as may be deemed necessary. I understand that I am responsible
for the costs.

DATE: ________________   PARENT/GUARDIAN SIGNATURE: _______________________

If your child’s medical details change closer to the excursion date, please advise your
child’s teacher.