Medical Information and Permission Form

Part A: General Consent

☐ I hereby give my permission for my child to participate in the:

………………………………………………………………………………………………………………………………………………………………

OR

☐ My child is unable to attend because ……………………………………………………………………………………..

I agree to be responsible for the payment of all expenses incurred should my child be involved in an incident of serious misbehaviour during this excursion.

Part B: Medical Information and Consent

I authorise the teacher in charge where necessary to:

- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary in the event of illness or injury.

I accept all risks and expenses involved in the administration of medical, surgical or first aid treatment considered necessary by the staff members during this excursion.

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.

- Administer such first-aid as the teacher-in-charge judges to be reasonably necessary in the event of illness or injury.

I accept all risks and expenses involved in the administration of medical, surgical or first aid treatment considered necessary by the staff members during this excursion.
**Additional Medical Information**
Detailed medical information in relation to students is collected by the College upon enrolment. It is a requirement of the College that prior to any off campus school event, all medical information for each student is up to date.

Are there any new medical problems or changes eg contact details, allergies, asthma (management plan required), anaphylaxis (management plan required), of which the College needs to be aware? If so please provide details of the medical condition and treatment. In the case of anaphylaxis, asthma or diabetes please attach the relevant action plan.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
This information will be added to the student’s current medical file. Further clarification of medical information by the College may be obtained by contacting Student Reception on 5152 9907.

Are there any current short-term medical conditions of which the College needs to be aware eg flu, strains, abrasions etc?

____________________________________________________________________________________

**Medication**
Does your child need to take any medication whilst on this excursion? □ Yes □ No
If yes, provide the name of medication and complete a Medication Authority Form available from Student Reception or Nagle College website: Well Being/Report/Forms, if you have not already done so.

____________________________________________________________________________________

All medication must be given to the teacher-in-charge. All containers must be labelled with your child’s name, the dose to be taken and when/how it should be taken. The medications will be kept by the staff and distributed as required.

Please note above if it is appropriate for your child to carry their medication (for example, asthma puffers or insulin for diabetes). A child can only carry medication with the knowledge and approval of both the teacher-in-charge and yourself.

Student Name: ______________________________________ Core Group: __________
Pastoral Group: ____________ Year: ____________ House: ____________
Parent/Person with Parental Responsibility: __________________________________________
Signature: ________________________________________________________________________

*Office Use Only: Teacher (class code)*