



Acacia Ridge State School

Proudly a Queensland State Primary School

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Principal: Cam Wallace cwall44@eq.edu.au Deputy Principal: June Riley jrile9@eq.edu.au

Date:

LETTER TO PARENTS RE: EXCURSION

Dear Parent/Guardian,

PERMISSION SLIP:

MEDICAL DETAILS

Name of Student:

Date of Birth:

MEDICAL CONDITION/S

Please indicate below any known medical conditions relevant to the above-named student. Where there is a **YES** response, please describe the nature of the problem or provide a letter from the student's doctor.

MEDICAL CONDITIONS	RESPONSE	ADDITIONAL COMMENTS
Heart problems	YES/NO	
Blood pressure	YES/NO	
Respiratory problems(other than asthma)	YES/NO	
Asthma	YES/NO	Has written permission for student to administer own medication been previously provided? YES/NO If NO please attach.
Epilepsy	YES/NO	
Operations	YES/NO	
Allergies	YES/NO	
Reactions to drugs	YES/NO	
Recent illness	YES/NO	
Phobias	YES/NO	
Bed wetting	YES/NO	
Travel Sickness	YES/NO	
Other	YES/NO	
Date of most recent Tetanus injection		

MEDICAL PRACTITIONER

Name of Family Doctor:	
Address:	
Telephone Number:	

CURRENT PRESCRIBED MEDICATION/S

The medication/s listed below has/have been prescribed for my son/daughter by a registered medical practitioner and will be required to be administered while my child is involved in the excursion indicated in Section 1.

I hereby request the teacher accompanying the excursion who has been so authorised by the Principal to administer the medication/s in accordance with the instructions written on the medication container/s by the pharmacist in accordance with the medical practitioner's instructions.

I understand that all unused medication/s will be returned to me.

<i>NAME OF MEDICATION</i>	<i>QUANTITY OF MEDICATION</i>	<i>TIMES FOR ADMINISTRATION</i>

DISCLAIMER

I hereby authorise the medical practitioner identified above to provide hospital authorities and other qualified medical practitioner/s additional information concerning any of the medical conditions identified should such need arise.

AUTHORITY

I hereby authorise the supervising teacher/s to obtain any medical or associated assistance they deem to be necessary should any medical condition or accident occur.

I agree to pay any medical, dental and/or pharmaceutical expenses incurred on behalf of the above student which are not covered by my medical benefits fund .

I further authorise qualified practitioners to perform surgery and/or administer blood transfusions if such an eventuality should arise.

I understand that, should such circumstances arise, the supervising teacher/s will endeavour to contact me by phone in the first instance.

Signature of Parent/Guardian: _____ Date: _____

(Please print name in full: _____)

Home Phone: _____

Work Phone: _____

Emergency Contact Name and Phone Number: _____

MEDICARE NO.: _____

Checklist:

- ***Proposal submitted at beginning of term and given to Principal***
- ***Letter to parents/guardians drafted***
- ***Invoices attached to parent/guardian letter***
- ***Transport booked/arranged and date/cost confirmed***
- ***Venues booked and dates/costings confirmed***
- ***Final list of students given to admin with all excursion contact details in the event of an emergency***
- ***Relevant DOEM printed and attached (copy for own records)***
- ***Risk Assessment completed and attached***
- ***Student and adult medical information obtained***
- ***Permission slips returned for all participating students***
- ***Payments finalised***
- ***In the event of a camp, a full schedule is given to Principal***
- ***Arrangements made for non-participants***
- ***Equipment and first aid packed***
- ***All participating staff and students briefed on activity and expectations***
- ***Parent volunteers all have a Blue Card***