



Rosary Primary School



TOGETHER WE DO OUR BEST | BELIEVE | EXPLORE | STRIVE | TRIUMPH

Year 5 Excursion to Jindabyne Sport and Recreation Centre (Wednesday 4th March – Friday 6th March 2020)

STUDENT DETAILS:

Name of Student: _____ Date of Birth: __/__/__

Mother's Name: _____ (W): _____ (M): _____

Father's Name: _____ (W): _____ (M): _____

Medicare No: _____

ALTERNATE EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

STUDENT MEDICAL DETAILS:

Date of last Tetanus injection: _____

Details:

- | | |
|---|----------|
| 1. Heart Problems | YES / NO |
| 2. Respiratory Problems (Asthma) | YES / NO |
| 3. Allergies | YES / NO |
| 4. Travel Sickness | YES /NO |
| 5. Blood Pressure | YES /NO |
| 6. Phobias | YES /NO |
| 7. Bed Wetting | YES /NO |
| 8. Operations | YES /NO |
| 9. Recent Illness | YES /NO |
| 10. Drugs Required | YES /NO |
| 11. Drugs Reactions (e.g. Penicillin Allergy) | YES /NO |
| 12. Ambulance Insurance | YES /NO |
| 13. Special Dietary Needs – please indicate _____ | |

Additional Information

If your child has any Medical Action Plans, please attach.

Plan/s attached.

WATER EXCURSION PERMISSION

This excursion involves water activities. Please complete the section below allowing your child to participate in the water activities.

I give permission for my child _____ to participate in water activities during the Yr 5 Camp at Jindabyne Sport and Recreation Centre.

Please indicate your child's swimming ability by signing the appropriate description.

My child is a:

- strong swimmer _____ (signature)
- average swimmer _____ (signature)
- poor swimmer _____ (signature)
- non-swimmer _____ (signature)

What distance can your child swim without a floatation device? _____ m

PARENTAL CONSENT:

As Parent/ Guardian of _____ I give my consent for him/her to participate in the Yr 5 excursion (Excursion Sport and Recreation Centre) and agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take appropriate disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I submit the attached medical information about the abovementioned student and include details of limitations, which he/she has for the activities concerned.

If I cannot be contacted to give approval for medical assistance I authorise the teachers and instructors to obtain medical assistance, which they deem necessary should an accident occur. If I am unable to be contacted to give approval, I further authorise qualified medical practitioners to administer anesthetic if such an eventuality arises. I agree to pay all medical expenses incurred on behalf of the abovementioned student.

I accept that my child is to behave in an appropriate manner and have explained this obligation to him/her. I agree that if my child seriously contravenes behavioural expectations he/she may be immediately excluded.

I have completed the online NSW Sport and Recreation Medical and Consent Form



Parent/Guardian Signature: _____ Date: _____

Contact Phone Number: _____