



PARKHURST STATE SCHOOL

Principal - Lyle Walker

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PARENT/CARER GENERAL CONSENT FORM

Student's Full Name			
Date of Birth	___/___/___		
Parent/Carer's Name/s			
Home Address			
		Postcode	
Contact Numbers	Work		Home
	Mobile		Email
Medicare Card Number			
Date of last Tetanus Booster	___/___/___		

As a parent/carer of _____, I hereby give my consent for him / her to participate in excursions, at a date to be advised, and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, well being and good conduct of the students as a group, or individually during the excursion/activity. I am aware that this may include returning the student home, for which I agree to pay any additional costs incurred, as well as for any deliberate damage caused by my child. Also, I am aware of and give my permission to the types of activities in which my child shall be participating.

Parent/Carer Signature/s _____

	Yes	No
I also have authorised the supervising teacher/principal to obtain medical/dental assistance which they deem necessary should an accident occur, and agree to pay all the medical expenses including pharmaceutical supplies and conveyance by ambulance incurred on behalf of my child.	<input type="radio"/>	<input type="radio"/>
I further give authorisation for qualified practitioners to administer anaesthetic or blood transfusions, if such an eventuality arises.	<input type="radio"/>	<input type="radio"/>
I certify that to the best of my knowledge that my child does not have, or has not been in contact with any infectious diseases for the past four weeks	<input type="radio"/>	<input type="radio"/>
I submit the following medical information about my child and include details of limitations which he/she has for the activity concerned. I hereby request that the teacher accompanying the excursion who has been authorised by the principal, to administer medication in accordance with the instructions written on the medication container by the pharmacist in accordance with the medical practitioner's instructions as listed below	<input type="radio"/>	<input type="radio"/>
I hereby authorise the child's doctor to provide hospital authorities or other qualified medical practitioners additional information concerning any of the medical conditions identified below, should such a need arise.	<input type="radio"/>	<input type="radio"/>
Is there any medical or psychological reason preventing your child from participating in any of the activities outlined in the information sheet ?	<input type="radio"/>	<input type="radio"/>

If medication is required, please indicate dose and application. 'Over the counter' medicine, such as Panadol, cough medicine, etc, cannot be administered, in accordance with Education Queensland's Administration of Medication Policy (unless they meet the accountability of a written request from a parent/caregiver, accompanied by written advice from a medical practitioner, and with the medication in the original labelled container).

Parent/Carer Consent Form

Medical Condition			
Medication Prescribed		Strength	
Dosage		When to be taken	

Medical Information

Name of Child's Doctor _____ **Phone Number** _____

Medical Surgery/Office Name and Location _____

Does your child suffer from any of the following medical conditions ?

If yes, please give details – for example, severity, medication, date of last attack/incident/injury or operation.

Details

A Heart problems	<input type="radio"/> Yes <input type="radio"/> No
B Respiratory problems (eg; Asthma)	<input type="radio"/> Yes <input type="radio"/> No
C Allergies	<input type="radio"/> Yes <input type="radio"/> No
D Drug Allergies (eg; Penicillin, Anaesthetic)	<input type="radio"/> Yes <input type="radio"/> No
E Blood Pressure	<input type="radio"/> Yes <input type="radio"/> No
F Epilepsy	<input type="radio"/> Yes <input type="radio"/> No
G Recent Operations/Injuries	<input type="radio"/> Yes <input type="radio"/> No
H Recent Illness	<input type="radio"/> Yes <input type="radio"/> No
I Diabetes	<input type="radio"/> Yes <input type="radio"/> No
J Special Dietary Requirements	<input type="radio"/> Yes <input type="radio"/> No
K Travel Sickness	<input type="radio"/> Yes <input type="radio"/> No
L Bedwetting	<input type="radio"/> Yes <input type="radio"/> No
M Phobias	<input type="radio"/> Yes <input type="radio"/> No
N Other	<input type="radio"/> Yes <input type="radio"/> No

Please give full details of any limitations that the above medical conditions would place on the child's participation in any activity

Parent/Carer Signature _____ **Date** ____/____/____

Office Use Only

Permission and Medical Sections completed Received excursion/activity payment

Form Received ____ / ____ / ____ **Form Forwarded -** ____ / ____ / ____