

# LOCAL EXCURSION PERMISSION FORM

Briagolong Primary School

Phone: 51455260

2 Church Street

BRIAGOLONG, 3806

I give permission for my child: .....  
to be involved in local excursions and field trips such as music events, environmental activities etc. in the immediate Briagolong area.

I understand notification will be given of all activities prior to their taking place.

When going on an excursion or fieldtrip, students should take a drink bottle of water, a hat, sunscreen and a jacket (if the weather is cool).

I authorise the teacher in charge to consent, where it is impracticable to communicate with me, to the child receiving such medical and surgical treatment as may be deemed necessary.

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**Parent / Guardian name:** .....

**Signature of Parent / Guardian:** .....

**Parents / Guardian phone number:** ..... **Date:** .....

I am an ambulance subscriber:      **Yes / No**      **Medicare number:** .....

I consent to my child's photograph being used in promotional material  
as a result of the excursion. **Yes / No**

I consent to my child receiving Panadol (or like – supplied by the parent  
of the child concerned) **Yes / No**

I have listed on the back of this form information about my child's specific medical needs:

**Name of Doctor:** .....

**Drs Telephone Number:** .....

**Teacher:** .....

*Please complete & sign the reverse side of this document*

**Please tick if the student suffers any of the following conditions:**

- Asthma                       Fits of any type                       Heart Condition
- Diabetes                       Migraine                       Travel sickness
- Dizzy Spells, Black outs

Please specify any other disabilities or conditions requiring special care during the excursion?

**Medical Condition:** \_\_\_\_\_

\_\_\_\_\_

- Usual treatment needed by the student at school or on school excursions: \_\_\_\_\_

\_\_\_\_\_

- What are the usual symptoms of this condition worsening in you child: \_\_\_\_\_

\_\_\_\_\_

**Tablets & Medicines / Medication:**

Please specify any medication which the student may be taking during the excursion (indicate name and dose of medication). \_\_\_\_\_

\_\_\_\_\_

All medicines (with the student's name, the dose to be taken and when it should be taken) **must** be handed to the teacher in charge prior to leaving. These will be distributed as required. If it is necessary for the student to carry his / her own medication, eg for asthma, it must be with the knowledge and permission of both the parent and the teacher in charge.

Please specify and allergies the student is known to have (eg: penicillin, other drugs, certain foods etc) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY ACTION PLAN**

The medical treatment and action needed if the student's condition deteriorates:

\_\_\_\_\_

\_\_\_\_\_

**Parents / Guardians signature:** \_\_\_\_\_