



ST. ANDREW'S CHRISTIAN SCHOOL CLARENCE VALLEY REGION- CONSENT AND MEDICAL FORM

(To be filled in by parent, guardian or any other person with parental responsibility if participant is under 18 years old)

To **St. Andrew's Christian School** and to the Presbyterian Church of Australia in New South Wales, and the Presbyterian Church (New South Wales) Property Trust (collectively referred to as **"the Organisation"**).

RE: During 2024 students may have the opportunity to participate in excursions within the Clarence Valley ('Activity')

CONSENT TO PARTICIPATION OF CHILD/WARD ("CHILD")

I, _____, consent to my child, _____, participating in the Activity.

Prior to each Activity, an excursion letter with permission slip will be sent containing additional information in relation to the particular excursion. Your returning of that slip gives permission for attendance and participation at that particular excursion.

EMERGENCY CONTACT INFORMATION

If this information changes, please advise the school in writing as soon as possible.

► First contact in emergency

Name _____ Relationship to child: _____

Mobile _____ Home _____ Work _____

► Second contact in emergency

Name _____ Relationship to child: _____

Mobile _____ Home _____ Work _____

NON-ATTENDANCE AT AN EXCURSION

Planned Activities are compulsory curricula events. If your child cannot attend an excursion due to illness or some other reason, please notify the school on receipt of the excursion letter.

I understand that:

- I will receive an excursion letter containing information with specific excursion details prior to the excursion occurring;
- I will forward any required payment by the due date stated in the letter; receipt of the money with permission slip at the school for the excursion/activity/sport will be taken as parental consent for the student to participate;
- If, after forwarding payment to the school for an excursion/activity/sport, I wish to withdraw my consent for my child to participate in the excursion/activity/sport I will advise the school in writing as soon as possible. The payment will be credited to my school account.

I agree to:

- my child's returning to school if necessary in the event of illness, injury or nonco-operation and to pay any expenses involved or to come and collect my child from the excursion;
- reimburse the school for any damage caused by my child;
- reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

Initial:

MEDICAL AUTHORITY

This form also seeks your consent to the school arranging medical treatment for your child while on an excursion should it become necessary. You will be advised as soon as practicable of action taken in relation to medical treatment for your child.

I am the parent or guardian of the child named above. My child is in good health and there are no special problems associated with his or her care other than those set out below.

I acknowledge that every possible effort will be made to contact me at the first available opportunity. In the event that my child/ward, through injury or otherwise, is, in the opinion of the School's staff in attendance, in need of immediate medical treatment, including surgery and/or the administration of anaesthetics, I hereby give my consent to the School's staff to authorise, in writing or otherwise, the necessary treatment.

I am aware that the practice of medicine in a surgery is not an exact science and I acknowledge that no guarantees have been made to me as to the result of any related treatment or examinations.

There is no insurance cover for any pre-existing condition that may be aggravated by the activity being undertaken. There is no insurance cover for any expenses that are otherwise covered by Medicare or private health insurance.

Initial:

MEDICAL INFORMATION

Family Doctor _____ Phone _____

Medicare number _____

Private health insurer and number _____

Known allergies _____

Other special needs _____

Current medications _____

Dietary needs _____

PRIVACY NOTICE

Our Privacy Policy details how we protect your privacy and how we comply with the requirements of the *Privacy Act* and the 13 Australian Privacy Principles and the *Health Records and Information Privacy Act*.

Name of participant(s) (please print) _____

Print name of with parental responsibility (please print) _____

Signature of person with parental responsibility _____ Date: _____