



# Rosary Primary School

www.rosary.act.edu.au

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## Yr 6 Excursion to Milson Island Sport and Recreation Centre

Date: **Tuesday 20<sup>th</sup> February to Friday 23<sup>rd</sup> February 2018**

### STUDENT DETAILS:

Name of Student: \_\_\_\_\_ Date of Birth: \_\_\_/\_\_\_/\_\_\_

Current Class: \_\_\_\_\_ Home Phone No: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_ Medicare No: \_\_\_\_\_

Private Health Insurance: \_\_\_\_\_

### STUDENT MEDICAL DETAILS:

Date of last Tetanus injection: \_\_\_\_\_

If your child has asthma please complete the attached School Camp Asthma Management Plan.

#### Details:

- |   |          |
|---|----------|
| 1. Heart Problems                                 | YES / NO |
| 2. Respiratory Problems                           | 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 (eg Penicillin Allergy)       | YES / NO |
| 12. Other Information                             | YES / NO |
| 13. Ambulance Insurance                           | YES / NO |
| 14. Special Dietary Needs – please indicate _____ |          |

15. If answer is YES to any of the above please detail additional information (eg Treatment plans, etc).

\_\_\_\_\_  
\_\_\_\_\_

## **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 \_\_\_\_\_ of (current class) \_\_\_\_\_ to participate in water activities during the Yr 6 Camp to Milson Island Sport and Recreation Centre.

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

My child is a:

- Strong (50m unaided) \_\_\_\_\_ (signature)
- Average (25m unaided) \_\_\_\_\_ (signature)
- Poor (10m unaided) \_\_\_\_\_ (signature)
- non-swimmer \_\_\_\_\_ (signature)

### **PARENTAL CONSENT:**

As Parent/ Guardian of \_\_\_\_\_ I give my consent for him/her to participate in the Yr 6 excursion (Milson Island 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 above mentioned 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.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_