Paul Petersen Fax No. 236 0458

HEALTH AND PERMISSION FORM

Student's Name: _____ Class: _____

EDUCATION OUTSIDE THE CLASSROOM

Parents / Caregivers permission and medical information form

I give permission for my son / daughter _____ to participate in : outdoor and beach activities at **Whangamata and surrounding areas**
Dates: 28 February to 3 March 2000

- I agree that he / she should take part in such activities and such duties as may be required by the staff.
- I authorise the obtaining on my behalf any medical assistance, if, in the opinion of the staff, such treatment is necessary and agree to meet any costs incurred.
- To the best of my knowledge he / she has no medical or physical disabilities likely to prove detrimental to him / her or others during the programme.
- I understand that the school will not accept responsibility for loss or damage of personal property (check own household policy).
- Should my son / daughter be involved in a serious disciplinary problem I accept that he / she may be sent home at my expense.

Signature of parent / caregiver: _____
Address: _____
Date: _____
Telephone Numbers: Home: _____
Emergency: Day: _____ Name: _____
Night: _____ Name: _____

CONFIDENTIAL MEDICAL REPORT

This report is to assist us in case of an eventuality with your son / daughter. All information is held in confidence. We ask parents / caregivers to note the following requests:

1. Is your child presently taking tablets and / or medication Yes / No
   If Yes, please state the name of the medication and the dosage
   _____
   _____
2. All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be given and when it should be given (These will be kept in the first-aid cabinet and distributed as required)

Please do not allow children to be in possession of any medicine on the trip.

3. Please complete the following and return as soon as possible.

Child's Name: _____ Class: _____
Parents / Caregivers Address: _____
Telephone: Day: _____ Night: _____
Please tick if your child suffers from any of the following:

Bed Wetting	☐	Fits of any kind	☐	Heart Condition	☐
Dizzy Spells	☐	Sleep Walking	☐	Asthma	☐