



KIN KORA STATE SCHOOL EXCURSION PERMISSION / MEDICAL FORM



EXCURSION: _____

STUDENT DETAILS

Surname: _____ Given Names: _____ Date of Birth: __ / __ / __ M / F Class _____

I give permission for my child to attend this excursion. Parent Signature _____

I give permission for my child to view G and PG movies. Parent Signature _____

PARENT/CARER 1 DETAILS

Title: _____ Surname: _____ Given Names: _____ Gender: M / F
 Work Location: _____ Work Phone No. () _____
 Family Phone Number: () _____ Mobile Phone Number: _____
 Relationship to student: _____
 Signature of Parent/Guardian: _____ Date: __ / __ / __

PARENT/CARER 2 DETAILS

Title: _____ Surname: _____ Given Names: _____ Gender: M / F
 Work Location: _____ Work Phone No. () _____
 Family Phone Number: () _____ Mobile Phone Number: _____
 Relationship to student: _____
 Signature of Parent/Guardian: _____ Date: __ / __ / __

EMERGENCY CONTACTS - Used in cases where we are unable to contact you if your child is ill or has had an accident.

PRIORIT Y	NAME	RELATIONSHIP TO STUDENT	PHONE NUMBERS
1			Home: _____ Work: _____
2			Home: _____ Work: _____
3			Home: _____ Work: _____
4			Home: _____ Work: _____

MEDICARE NUMBER: _____

Position Number: _____ eg. 01 Expiry Number: ____ / ____ / ____

Please tick Yes or No to the list below. If you tick Yes, please attach a sheet with detailed information about the matter.

- | | | | |
|---|--|---|--|
| a) Tetanus Booster in the last 12 months
c) Other respiratory problems
e) Other allergies
g) Recent operation, illness or injury
i) Blood pressure
k) Bed wetting
m) Other, please list | Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> | b) Asthma
d) Drug allergies
f) Sugar Diabetes
h) Epilepsy
j) Heart problems
l) Travel sickness | Yes <input type="checkbox"/> No <input type="checkbox"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> |
|---|--|---|--|

DETAILS OF DOCTOR

NAME	ADDRESS	PHONE NUMBER

