

**MEDICAL INFORMATION AND CONSENT FOR EXCURSION**

Please complete the following information *relating to your child's participation* in this excursion. Tick if relevant:

**Allergies**  Medication required

Allergy to: \_\_\_\_\_

Medication name & dose:  
\_\_\_\_\_

**Asthma**  Medication required

Medication name & dose:  
\_\_\_\_\_

**Other condition**  Other medication required

Medication name & dose:  
\_\_\_\_\_

MEDICATION AND CLEAR INSTRUCTIONS MUST BE HANDED TO THE TEACHER PRIOR TO THE EXCURSION.

**Permission Slip to Attend  
AQWA**

I have read and understood the attached information regarding the excursion to AQWA on Thursday 15 June 2017. Please find enclosed **\$16.00** and give my consent for my child \_\_\_\_\_, Room \_\_\_\_\_ to travel by bus to the excursion.

Where it is not practical to communicate with me, I authorise the teacher in charge of the incursion to consent to my child receiving such medical treatment as may be considered necessary. I am aware the Department of Education insurance does not cover personal accidents through misadventure nor loss or damage of personal belongings.

Signed ..... Date .....

(Parent/Guardian)

Daytime Contact ..... Mobile .....

***Please enclose signed form in attached envelope and indicate method of payment.***

*If Payment By Direct Debit PLEASE ensure that your child/children's name is in the description field.*

Bank Details - Commonwealth Bank  
Sutherland Dianella Primary School  
BSB: 066 040  
Account Number: 1990 3549