Student Off Campus Permission Form
2016 Excursions and Sporting Events

This form is to be completed and handed in to your child’s Connect teacher. A letter outlining the details of all excursions will be brought home prior to an excursion taking place.

Student information (Parent/Legal Guardian – please complete this section)

Student’s name ____________________________ Year/Connect ______________

Student’s mobile phone number ____________________________

Mobile phone numbers may be used by supervising teachers for the purpose of ensuring Duty of Care to students while on an excursion. Mobile phone numbers will not be passed onto any other person or used for any other purpose apart from the one specified. Numbers will be securely disposed of in a secure disposal bin after use.

Emergency contact details during excursion/sporting event(s)

1. Name ____________________________ Contact number ______________
   Relationship to student

2. Name ____________________________ Contact number ______________
   Relationship to student

Medication (Parent/Legal Guardian – please authorise by signing next to the medication)

I give permission for (student’s name) to receive the following if required:
Panadol ____________________________ (signature) Nurofen ___________(signature)
Antihistamine ____________________________ (signature)

Medical Conditions (Parent/Legal Guardian – please complete this section)

My child has special needs in the following area(s): (please tick the box and provide specific details and attach notes or additional information if required eg severity of the condition, medication).

Condition

☐ Anaphylaxis ☐ Other allergies & severity ☐ Other:
☐ Asthma ☐ Previous injury/illness If you have ticked a box please provide additional information
☐ Diabetes ☐ Excessive nose bleeds
☐ Epilepsy ☐ Anxiety/panic attacks
☐ Heart Condition ☐ ADD/ADHD

Please complete Page 2
Student
1. I understand and agree to abide by the College standards for uniform as outlined in the Student Organiser. This includes the standards for free dress as well as the College summer and winter uniform and sports uniform. I understand that I may not be permitted to attend the excursion/sporting event(s) if my uniform does not meet the required standards.

2. I understand and agree to abide by the College standards for behaviour as outlined in the Student Organiser. I understand that disciplinary action may be taken if I infringe any of the excursion/sporting event(s) rules/codes of conduct, whether verbal, written or traditionally understood, that I may be excluded from future excursions/sporting event(s).

Student’s signature ___________________________ Date ____________________

Parent/Legal Guardian
1. I understand that College staff expect students to demonstrate sensible and compliant behaviour at all times. All excursions/sporting event(s) are an extension of school and as such are covered by the same rules. In addition, each excursion may have additional rules which must be observed. Students who breach or infringe any of the school or excursion/sporting event(s) rules/codes of conduct, may be excluded from attending future excursions/sporting event(s).

2. I give permission for my son/daughter to travel to and from the excursion/sporting event(s) in a bus. The College endeavours to use busses equipped with seatbelts whenever possible. I give permission for my son/daughter to travel in a private or hire vehicle with a College staff member should the need arise.

3. I agree to a College staff member attending to the First Aid needs of my child when required for the duration of the excursion/sporting event(s).

4. I authorise LJBC staff member/s to seek medical/dental attention, call an ambulance, or hospitalise my child if necessary and agree to pay for such expenses incurred on my behalf. I agree that if an emergency occurs requiring surgery, anesthetic, oxygen, medication and not one of the Emergency contacts listed, can be contacted within a reasonable time, the LJBC staff member/s has the authority to agree to recommended treatment by an accredited medical practitioner on my behalf and to use such health or personal information as may be considered necessary.

5. I have disclosed all relevant information pertaining to the health and wellbeing of my child. I understand that this information is required by the supervising teacher(s) so they may provide the highest level of care for my child for the duration of the excursion/sporting event.

6. I understand the College Insurance Policy does not cover medical expenses arising from illness, loss of or damage to personal effects and property, or liability incurred by students for property damage.

Parent/Legal Guardian’s signature ___________________________ Date ___________

Parent/Legal Guardian’s name ________________________________________(please print)