



Permission Slip for Ashdale Secondary College - Year 6 to Year 7 Transition

By completing this form I give permission for _____ (Child's name) to attend Ashdale Secondary College Tuesday 29th and Wednesday 30th November 2016.
I acknowledge that it is the responsibility of the parent to drop off and pick up students from ASC.

Parent name: _____ Parent Signature: _____ Date: _____

If your son/daughter has special needs please provide full details and include any relevant medical details below.

Student Name: _____ Student's Date of birth: _____

Parent's/guardian's full name: _____

Address: _____ Postcode: _____ Home
Number: _____ Mobile PG1: _____ Mobile PG2: _____

Please tick if your child suffers from any of the following:

- ☐ Heart Condition ☐ Travel sickness ☐ Dizzy spells ☐ Fits of any type ☐ Black outs
☐ Other ☐ Migraine ☐ Asthma

(please provide adequate information)

Allergies to:

- ☐ Penicillin
☐ Other drugs (please provide adequate information) _____
☐ Any foods _____
☐ Other allergies _____

Tetanus Immunisation: Last immunisation was on If over 10 years since last immunisation, please tick if booster is to be arranged by parent/guardian before excursion ☐ Booster date

Tablets and medicines: Is your child presently taking tablets and/or medicine? ☐ YES ☐ NO

☐ If YES, please state name of medicine and dosage _____

Arrangements for safe-keeping and handling of medicines are to be made prior to the excursion.

If the proposed excursion posts any additional health risks to those identified above, please outline these to those identified in the Student Health Care Summary, e.g if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of adrenaline auto injector at the appropriate temperature. Please outline additional health risks below:

I consent to my child _____ participating in the excursion to Ashdale Secondary College on Tuesday 29th and Wednesday 30th November 2016.

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage, which may occur on an excursion, unless the school or its employees are proven to be negligent.

Signed: _____ (Parent/Guardian) Date: _____

Please complete and return to Ashdale Secondary College by 25th November 2016