



### 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 on Tuesday 21<sup>st</sup> to Thursday 23<sup>rd</sup> November 2017.  
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 you 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)

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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

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*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:**

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I consent to my child \_\_\_\_\_ participating in the excursion to Ashdale Secondary College on Tuesday 21<sup>st</sup> to Thursday 23<sup>rd</sup> November 2017.

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 your class teacher by 17<sup>th</sup> November 2017**