



ST JOSEPH'S PRIMARY SCHOOL EXCURSION

LOCAL OFF SITE ACCESS FORM

Please note prior to the excursion the school will access advised weather conditions and if any change you will be notified the day before after 1.00p.m.

Before taking a student on an excursion to the below listed venues outside the school we request the following information. Please sign and return this form to the school office by Friday 1st February, 2019.

1. Botanical Gardens for shared lunches and class learning activities,
2. St. Joseph's Church to attend school Mass, special liturgies or pastoral activities in the Church gathering space and,
3. Several venues for the purpose of Emergency Evacuation. These venues are listed below-
 - Allan Oval Clubrooms, Bromfield Street, Warrnambool,
 - St. Joseph's Church, Lava Street, Warrnambool,
 - Botanical Gardens, Botanic Road, Warrnambool and
 - Emmanuel College Senior Campus, Canterbury Road, Warrnambool

Student Name: _____ **2019 Room Number:** _____ **Year:** _____

CONDITIONS OF THE EXCURSION:

- I agree that the student in the school's care will abide by the school rules while on the excursion.
- I agree that the student in the school's care will follow instructions given to them by the staff in charge.
- I give staff the authority to arrange and administer, if necessary, any first aid / medical treatment for the student in the school's care.
- I give staff in charge the authority to arrange any travel for the student in the school's care, at my expense, should it be required for reasons of health, safety or discipline.
- I exclude any member of staff/volunteer attending the excursion from any personal liability (other than liability that may attach to the school) for any illness or injury that my child may suffer.

HEALTH FORM

1. **Does the student have to take any medication?** YES NO
If yes, and we do not currently hold the following:
 - Permission for the Administration of Medication form. **(A form must be completed.)**
 - Medication must be LABELLED CLEARLY stating:
 - (a) The name of the child.
 - (b) The dosage, dates and times for it.
2. **Does the student suffer from an allergy, food allergy (for catering) or disability?** YES NO
If yes, please specify: _____
3. **Would the student be limited, in any way, in taking part in physical activities?** YES NO
If yes, please specify: _____
4. **SUMMER MONTHS and other times as needed,**
I will ensure that my child has a protective hat to shade the face, neck and ears, appropriate clothing (Including rash vest) and their own broad spectrum water-resistant sunscreen (at least SPF30+).
5. **Has the student had an anti-tetanus injection in the last five years?** YES NO
6. **Is the student allergic to penicillin?** YES NO
7. **Medicare Number:** _____
10. **Private Medical/Hospital Insurance:** _____ YES NO
11. **Ambulance Fund Member Number:** _____ YES NO

Please supply an address and contact number where you can be contacted.

Name: _____

Home address: _____

Phone: Home: (Mother/Guardian) _____ Work: _____ Mobile: _____

Phone: Home: (Father) _____ Work: _____ Mobile: _____

Alternative emergency contact person: _____

Phone: Home: _____ Work: _____ Mobile: _____

The above information is true and accurate and I agree to the conditions of the excursion.

Name: _____ Signed: _____ Date: _____

(Updated 24/01/2019)