

## Southern Cross Campus Trip Permission Form

Name \_\_\_\_\_ Class/Year Level \_\_\_\_\_ Tutor \_\_\_\_\_

Name of parent/legal guardian \_\_\_\_\_

Address of parent/legal guardian \_\_\_\_\_

Home telephone \_\_\_\_\_ Work telephone \_\_\_\_\_

Business address of parent/guardian \_\_\_\_\_

Another person to contact (emergency only) \_\_\_\_\_

Telephone \_\_\_\_\_

Name and address of family doctor \_\_\_\_\_

Telephone \_\_\_\_\_

Please read the following, complete the information required and sign.

**To the CAMPUS DIRECTOR**  
Southern Cross Campus

DATE \_\_\_\_\_

I approve of my child going on the proposed trip/camp, in the event of any accident or illness, the campus staff trip leader can act on my behalf, regarding such medical assistance as may be required.

(Please tick the appropriate box)

NO YES

My child has been in contact with an infectious disease during the past 4 weeks

My child has physical disabilities

My child wears a medic alert

My child is a vegetarian

My child has the following difficulties or complaints:

Asthma

Sinus trouble

Hayfever

Anaphalactic reaction to \_\_\_\_\_

Bee and wasp stings

Known allergies

Other complaints: please state e.g. diabetes, epilepsy, ADHD

DETAILS

TREATMENT

My child has had an anti-tetanus course \_\_\_\_\_ (Date)

My child can competently swim 50m

All possible care will be taken by staff and supervisors on the trip but in the event of any accident or misadventure occurring I agree to any actions that may need to be taken by the staff and supervisors in these special circumstances.

I acknowledge the transference of parental control and responsibility for the duration of the trip to those in charge or as delegated at the time being. I understand that my child must obey the rules set down by those in charge, and that if he/she should break those rules or should his/her behaviour endanger the safety of any member of the party in any way, then I agree that my child may be sent home at my expense.

I have told my child of these things and that, regardless of what is permitted at home, there is to be no smoking or drinking or involvement with illegal drugs on this trip.

Guardian/Parent's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_

*Please note:*

*An incomplete form will automatically result in your child not being able to participate in the stated activity*