

**Collingwood Area School**  
~Education Outside the Classroom~  
**HEALTH & CONSENT General – Type B**

Teacher in charge: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Year Level \_\_\_\_\_

has permission to attend: Activities within the local Golden Bay Area, eg short walks out of school grounds, cross country running, low risk activities during class time, small field trips similar to visiting the cemetery, local gardens or local interschool activities.

Date of trip: General consent for the year 2019

- I agree that the student in my care will abide by the school rules while outside the school grounds
- I agree that the student in my care will follow instructions given to them by the staff in charge.

**General Health Information**

*Circle correct answer*

Medications

1. Does the student have to take any medication? YES NO

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

2. Does the student suffer from an allergy of any kind, medications, food, insect bites/stings etc YES NO

If yes, please specify:

\_\_\_\_\_

\_\_\_\_\_

3. Does the student suffer from any disability or injury YES NO

Would the student be limited, in any way, in taking part in physical activities?

YES NO

Please specify: \_\_\_\_\_

\_\_\_\_\_

4. Has the student had an anti-tetanus injection in the last five years? YES NO

5. Is the student allergic to penicillin?

YES NO

6. Has the student been in contact with an infectious disease in the last month?

YES NO

If yes, please specify: \_\_\_\_\_

\_\_\_\_\_

### Contact Details

***Please supply an address and contact number where you can be contacted during the trip.***

Name: \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Work address: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Alternative Mobile: \_\_\_\_\_

**Please sign. Return this form to the teacher in charge or school office.**

**The above information is true and accurate and I agree to my child being able to be allowed to leave the school grounds on short low risk outdoor activities utilising our local environment. I understand that teachers at CAS attempt to inform parents of all activities being undertaken by the class but on occasions it may be appropriate to arrange short exertions at short notice and that it is unrealistic to notify parents.**

Signed: \_\_\_\_\_ Name: \_\_\_\_\_ Date: \_\_\_\_\_

*EOTC&RAMS Modified CAS 2018*