

Major Excursion Consent and Medical Information Form

- This form is to give permission for your child to attend a camp/excursion/activity; and
- To provide medical information that might be needed in case of emergency.

Excursion details

Dates	From: 6 February 2025	To: 18 December 2025
Location(s) :	Various locations listed below	

Brief Description:	<ul style="list-style-type: none"> • Year 6 Camp – Blue Lagoon – 19 March 2025 to 21 March 2025 • Huon & Channel Athletics Carnival – Huonville – 26 March 2025 • Huon & Channel Cross Country Carnival – Huonville – 21 May 2025 • Years 3-6 Swimming and Water Safety Program – Collegiate Pool, Hobart – 4 August 2025 to 15 August 2025 • Whole School Swimming Carnival – Huonville Pool – 27 October 2025 • Schools Triathlon Challenge – Bellerive Beach – 28 November 2025 • Huon & Channel Swimming Carnival – Huonville Pool – 3 December 2025 • Year 6 Big Day Out – Blue Lagoon – 17 December 2025 • Walking excursions to Snug Beach (non-swimming) and/or Snug Village • Outdoor Learning Area (River Exploration) • Loose Parts Playground and Bike and Pump Track use during school hours • Kingston High Musical Performance (Year 5 and 6 students only) <p><i>*Please note not all of these will apply to your child; full excursion information will be sent home prior to each excursion involving your child.</i></p>
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Teacher(s) in charge: Blair Curtis (Principal)

Personal details

Student's name:	Year Level/Class:
Home address(es) :	Date of birth:

Emergency contacts for this excursion

Name	Relationship	Phone (home) or email	Mobile
1.			
2.			
3.			

Doctor	Phone	Address

Medicare Number	Private Health Fund	Number

Tablets and Medicine (Please tick)

Is your child taking any tablets and/or medicine?

Yes ☐

No ☐

If **Yes** please state name of medication, dosage, etc. and answer the following two questions:

Have you completed an Administration of Medication Authorisation? Yes ☐* No ☐

Has your Doctor/Pharmacist/Practice Nurse completed an Administration of Prescribed Medication Authorisation? Yes ☐* No ☐

* *The completed forms must be attached if they are not already at the school office.*

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

Asthma ☐

Seizures of any type ☐

Heart Condition ☐

Dizzy spell ☐

Sleep walking ☐

Bed wetting ☐

Blackout ☐

Migraine ☐

Travel Sickness ☐

Anxiety ☐

Mental health ☐

Please expand:

Please indicate if (and what) your child is allergic to:

Any drugs (including Penicillin):

Foods (for example, nuts, etc):

Any other relevant information:

Consent Form

Medical:

In the event of accident or illness when it is impracticable or impossible to communicate with me, I authorise the teacher(s) in charge or their delegate to:

- consent to such medical or surgical treatment as may be deemed necessary
- administer such first aid as may be judged to be necessary.

Participation:

I consent to my child's participation in this excursion. I have been fully informed by the school of the arrangements made for the conduct of this excursion. I understand that the excursion includes activities that may involve some risk as set out in the excursion description/attached excursion itinerary and information.

Expenses:

I agree to my child returning home if necessary, in the event of illness or injury, and to pay any expenses involved or to come and collect my child from the excursion.

I acknowledge that during the excursion, acceptable standards of behaviour will be expected of the students.

I understand that my child may be sent home in the event of serious misbehaviour during the excursion. I further understand that in such circumstances I will be informed and that any costs involved will be my responsibility.

I agree to reimburse the school for any wanton damage caused by my child.

I agree to reimburse the school for any hospital, medical or ambulance expenses incurred by the school on behalf of my child.

I understand that overseas travel is subject to a number of potential risks and that following travel being approved, a direction may be made to cancel travel, change the itinerary, or require travellers to return home at the earliest opportunity. This decision will be made on the basis of all information available, not just that which is publicly available.

I understand that travel insurance is not provided for my child by the Department for Education, Children and Young People and that there may be costs incurred as a result of any direction noted above. I understand the importance of purchasing my own travel insurance as these costs may be covered by that insurance.

Excursions with a billeting component only:

I understand that billeting is the temporary lodgement of students staying overnight in the homes of volunteer host families. Specific information about billeting arrangements is provided in the attached Excursion Itinerary and Information.

I am aware that host families have been subject to appropriate safety screenings by the teacher (for example, requirements to have Working With Vulnerable People registration).

I acknowledge that host families may provide accommodation, meals and transport for students, as set out in the Itinerary.

I consent to my child being billeted overnight with a volunteer host family for all or part of the duration of the excursion.

A parent/guardian must notify the school if there is any change to the information provided on this form.

Parent/Guardian:
Name Signature

Date:

Consent for aquatic activities – In addition to this form, specific consent has to be given for any excursion involving aquatic activities. Please read, sign and return the attached consent form.

Personal Information Protection Statement

Personal information will be collected from you for the purpose of obtaining student details and will be used by the school/ college and the department for managing school excursions. Failure to provide this information may result in your child being unable to attend the excursion. Personal information will be used for the primary purpose for which it is collected and may be disclosed to health care and emergency services in the case of an emergency. Personal information will be managed in accordance with the *Personal Information Protection Act 2004* and may be accessed by the individual to whom it relates on request to the Principal. You can obtain a copy of the Department for Education, Children and Young People's Personal Information Protection Policy on request to (School Name) or on the Tasmanian Government website at: <http://www.tas.gov.au/stds/pip.htm>



Department for Education, Children and Young People
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(03) 6267 9230
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Consent form for Aquatic (water-based) Activity

Student Name: _____

Class: _____

Your child may be participating in the following activities throughout the year:

- Years 3-6 Swimming & Water Safety Program – Collegiate Pool, Hobart
4 August 2025 to 15 August 2025
- Snug Swimming Carnival – Huonville Pool – 27 October 2025
- Interschool Huon and Channel Swimming Carnival – Huonville Pool – 3 December 2025
- Various Beach/Pool Days – Snug Beach, Huonville Pool – dates tba

Please circle below the aquatic ability level of your child:

- * Beginner – no previous experience in the activity
- * Intermediate – some or limited experience in the activity
- * Advanced – competent and confident in the activity

BEGINNER

INTERMEDIATE

ADVANCED

I _____ Parent/ Guardian give permission for my child to participate in the activities selected above at *Huonville Pool (Snug Swimming Carnival, 27 October 2025 & Huon and Channel Swimming Carnival, 3 December 2025) and Collegiate Pool, Hobart (Year 3-6 Swimming and Water Safety Program, 4 August 2025 to 15 August 2025) and other various beach/pool days (more info to be provided at the time if required).*

I understand that water-based activities/swimming will be occurring and that staff with appropriate first aid, CPR and rescue qualifications will be present.

In the event of accident or illness when it is impracticable or impossible to communicate with me, I understand that the teachers at the venue will arrange for my child to receive such medical or surgical treatment as may be deemed necessary, and agree to reimburse the school for any costs involved.

Parent/Guardian:
Name Signature

Date: