

In the case of a medical emergency every effort will be made to notify carers.

In the rare instance that contact cannot be made please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) **YES NO** **BLOOD TRANSFUSION** (Please Circle) **YES NO**

Medical Practice..... General Practitioner's Name Ph.....

Secondary Contact Description (i.e. Aunty / Grandparent)..... Ph.....

(School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication without a written request from a parent / guardian and/or by written advice from a medical practitioner. Medications must be labelled and in the original container.)

(YES/NO) I give permission for school staff to administer one dose of paracetamol as required should my child be suffering from a headache or any mild discomfort.

Are there any custodial issues that the Principal and/or staff of Tallebudgera Beach School should to be made aware of? Please outline:

.....
If your child has any other additional details or conditions please outline:

.....
I (DO / DO NOT) give the Tallebudgera Beach School permission to use any photographs or videos of my child for promotional or marketing purposes.

Department of Education requires a risk assessment to be conducted on all curriculum areas that contain potential hazards. At Tallebudgera OEEC several activities (eg. Body boarding, tobogganing, etc.) are deemed high risk. To minimise these potential risks the Tallebudgera OEEC implements strict safety procedures in accordance with the Department's safety guidelines. Tallebudgera OEEC prides itself on its impeccable safety record with all sessions being conducted by highly trained and qualified staff. At times students are transported to learning sites using department owned vehicles or department approved bus companies. Please take this information into consideration when deciding on your child's camp participation.

www.talloeceq.edu.au > Residential Camps > Hero's Journey > Hero's Journey CARA's

I (Name)give permission for my child to participate in adventure based activities that are considered high risk by Department of Education. I understand that this may include vehicle transportation to and from learning sites. I hereby authorise the Principal, or his representatives, to obtain such medical attention as deemed necessary. I acknowledge that the Department of Education does not have 'Personal Accident Insurance Cover' for children/students and I understand that all costs associated with any injury, including medical costs are the responsibility of the parent/carer.

SIGNATURE REQUIRED (Parent / Guardian) :..... Date/...../.....