

This form relates to OHS Procedure – [Student Excursions](#)

| SECTION 1. GENERAL | |
|--------------------------------|--|
| Student's Name | Date of Birth |
| Course of Study | Unit Code |
| Name of Staff Member in Charge | Phone Number of Staff Member in Charge |

| SECTION 2. PARENT/GUARDIAN CONSENT <small>(see Note 1 at bottom of page if under age student lives independently)</small> | |
|---|---|
| I, <input style="border: none; border-bottom: 1px solid black;" type="text" value="Name"/> , as parent/guardian for the named student: | |
| (circle A <u>or</u> B, as applicable, <u>and</u> complete C) | |
| A. give permission for the named student to participate in <u>all</u> the excursions listed in Section 6 of this form (day excursions only) | |
| B. give permission for the named student to participate in the overnight excursion: | |
| From <input style="width: 100px;" type="text" value="Date"/> | To <input style="width: 100px;" type="text" value="Date"/> To <input style="width: 150px;" type="text" value="Location"/> |
| C. also agree to the named student being transported in a vehicle provided by the University <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| SECTION 3. HEALTH REPORT | |
|---|---|
| Does the named student have any of the following or other medical conditions? <small>(tick boxes as applicable)</small> | |
| <input type="checkbox"/> Heart condition | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Blackouts |
| <input type="checkbox"/> Travel sickness | <input type="checkbox"/> Anaphylaxis or allergy of any type |
| <input type="checkbox"/> Seizures or fits of any type | |
| <input type="checkbox"/> Sleep walking | |
| <input type="checkbox"/> Migraine | |
| Details of any other medical conditions/allergies | |
| Describe any special care or medication required | |
| Medicare No | Ambulance Membership No |
| Private Health Cover <input type="checkbox"/> Yes <input type="checkbox"/> No | Membership No |
| Fund Name | |
| In case of emergency I authorise those in charge to take any steps they may consider necessary for the safety or well-being of the named student, including ambulance travel, medical treatment, hospitalisation, etc. I understand that I am responsible for any treatment costs. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| SECTION 4. EMERGENCY CONTACT PERSON during the excursion(s) | | |
|--|------------------|--------------------|
| Name | | |
| Address | | Email |
| Telephone (Work) | Telephone (Home) | Telephone (Mobile) |

| SECTION 5. SIGNATURE | |
|------------------------------|------|
| Full Name of Parent/Guardian | |
| Signature of Parent/Guardian | Date |

Important: Students must report as soon as possible any change that may affect the validity or currency of the above information

Privacy Statement: The information on this form, which includes health information, is collected for the primary purpose of best managing any health or safety emergency that may involve you during excursions. Other purposes of collection include eliminating or minimising the risk of aggravating any pre-existing injury or illness that you are aware of and disclose. If you choose not to complete all the questions on this form, it may not be possible for University staff supervising the excursion to provide the best possible response to any emergency involving you or to take all reasonably practicable precautions to eliminate or minimise the risk of aggravating any pre-existing injury or illness. Personal information may also be disclosed to emergency services personnel or medical personnel. You have a right to access personal information that the University holds about you, subject to any exceptions in relevant legislation. If you wish to seek access to your personal information or inquire about the handling of your personal information, please contact the University Privacy Officer at privacyofficer@federation.edu.au

Note 1: Staff Member in Charge must contact Manager – Risk, Health and Safety if under age student lives independently.

Warning – Uncontrolled when printed! The current version of this document is kept on the University website.

SECTION 6. EXCURSIONS LIST (day excursions only)

Note: This list represents the best available information available at the time of writing. This list does not include overnight excursions for which specific consent will be required for each individual excursion. Excursion details listed below may change, and additional excursions may be added throughout the year. The University will endeavour to notify you of any changes or additions in advance, as far as practicable. By giving your consent below, you consent to new or changed excursions unless you notify the University otherwise. Contact the Staff Member in Charge for any further information.

Planned excursions for the period: Date **to** Date

| Date | Location | Approx. duration <i>(must be less than 1 day)</i> | Purpose |
|------|----------|--|---------|
| | | From: am/pm To: am/pm | |
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| Signature of Parent/Guardian <small>(see Note 1 below if under age student lives independently)</small> | Date |
|--|-------------|

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