

HILLCREST HIGH SCHOOL

CONSENT AND HEALTH FORM FOR TRIPS AND CAMPS

Before taking a student on a school trip/camp we request the following information.
 PLEASE SIGN AND RETURN WITH PAYMENT BY: _____

This student (*name*) _____ Form _____

has permission to attend the trip/camp _____

- **I agree that the student will abide by school rules and in particular will not smoke, drink alcohol or take drugs.**
- **I agree that the student will follow all instructions given to him/her by staff in charge, in the interests of safety and enjoyment of all involved in the trip.**
- **I also give staff in charge authority to arrange any necessary medical treatment should the student suffer any accident or illness.**

HEALTH FORM FOR TRIPS AND CAMPS

- | | | | |
|--|---|-----|----|
| 1. Does the student have to take any medication or pills?
If so, please specify _____
<i>It will be assumed that the student will be carrying the medication or pills and is competent in its administration.</i>
<i>(Please ensure they bring all necessary medication.)</i> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 2. Does the student suffer from an allergy or disability?
If so, please specify _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 3. Are there any current physical or emotional concerns that may affect the student on camp?
If so, please give details or phone the guidance counselor.

_____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 4. Would the student be limited, in any way, in taking part in normal physical activities?
If so, in what way: _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 5. Has the student had an anti-tetanus injection in the last 5 years? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 6. Has the student had contact with an infectious disease in the last 3 weeks?
If so, what disease _____ | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 7. Is the student a confident swimmer? | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 5px;">Yes</td> <td style="width: 50%; padding: 5px;">No</td> </tr> </table> | Yes | No |
| Yes | No | | |
| 8. Please advise the name and phone number of the student's doctor:
Name _____ Phone _____ | | | |

Contact numbers: Home: _____ Work: _____ Mobile: _____

Mum/caregiver phone: _____

Dad /caregiver phone: _____

Email: _____

Signed: _____ Date: _____