Mangawhai Beach School ~Education Outside the Classroom~ HEALTH & CONSENT FORM

Before we take a student on a trip outside the school, we must have the following information. Please fill in the form even if you are going on the trip.

mission to attend the abo	ove EOTC ex	xperience Date of trip	o: Wednesda	ıy 18th N	ov- Friday 20th
 I agree that my child wi I give staff the authority	Il follow instruct to arrange and authority to ar	school rules while on the trip. etions given to them by the sta administer if necessary, any range any travel home, for my	aff in charge. medical treatm	•	
HEALTH FORM		Circle correct answer			
Does your child have to take If yes, please specify either h		n? Medical Assistance Form:	YES	NO	-
Please note: All medication person designated to admin		nded into the teacher before n.	the trip comm	ences and i	- instructions given
Does your child suffer from If yes, please specify:		uding food) or disability?	YES	NO	-
Would your child be in any way limited, in taking part in physical act If yes, please provide details:				NO	-
Has your child had an anti-te	etanus injection	in the last five years?	YES	NO	-
Is your child allergic to penic Has your child been in conta If yes, please provide details	ctious disease in the last mont	h? YES	NO NO		
Does your child suffer from	Car Sich Bed We	kness?	YES YES	NO NO	-
eurs and attach it to this form.	. (you may wish	our child has any Health issue in to discuss this with the teach try before the trip commences	ner in charge)		action is to be take
		ber where you can be contac ddress:			
Ph:F Work:	ax:	ddress:Mobile:		_	
Alternative emergency conta	ict person:	Mobile:			
Ph:F	ax:	Mobile:		<u> </u>	
All of the above information	is true and ac	curate and I agree to the con	ditions of the	trip	