

St. Augustine's College

Medical Information and Consent Form

Confidential

The following information is requested when your child is involved in a school excursion or activity. In the event of illness or injury, the staff member responsible will seek medical attention based upon the information provided and every effort will be made to contact you.

Excursion/Activity:	RDS Higher Options.	
Date(s) of Excursion:	Wed 18th September 2019	
Student's Name:		
Date of Birth:		
Parent/Guardian Name:		
Parent's/Guardian Address:		
Phone Numbers:	Home	Work
	Mobile	
Emergency Contact:	Name:	
	Phone Number:	
Medical Insurance :	Yes / No	
If yes: BUPA / VHI	Number:	
Medication being taken at time of excursion:		
Special Diet:	No / Yes	
	Details:	
Allergic to :		
Treatment for Allergic Reactions:		
Known medical conditions relative to the activity:		
Family Doctor:	Name:	Phone:
Tetanus Immunisation:	No/Yes	Date of last booster
Other Information:		

EXCURSION

RDS Higher Options

DATE

Wed 13th September 2019

PARENT AND STUDENT CONSENT FORM

- I consent to my child's participation in this excursion or activity. I have been informed by the school of the arrangements made for the conduct of this excursion or activity and I understand that the excursion or activity may include activities involving some risk.
- In the event of my son/daughter becoming ill or injured, I consent to the teacher/supervisor in charge arranging such medical or surgical treatments as deemed necessary.
- If necessary, in the event of injury or illness I agree to pay the cost of return travel home for my child or to collect them from the excursion.
- I agree to reimburse the school for any 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.
- Students travelling on the excursion must avail of the school transport provided.
- I _____ agree to observe the rules of the excursion and to cooperate with my teachers/supervisors throughout the excursion or activity. I understand that non-compliance may result in being excluded or being sent home at my parents/guardians expense.

SIGNED

(Parent/Guardian)	(Student)
Date:	Date: