

Preschool - Local Walks and Regular Outings Permission Note

Where: proximity to the preschool unit, local parkland, primary school grounds and building (Kindergarten classrooms, Library, Hall, Front Foyer etc)

When: any preschool day

Time: variable

Transport: walking

Number of children: 22

Number of adults: minimum of 2 educators

Ratio: 11 children to one adult (11:1)

Cost: nil

Clothing requirements: sensible walking shoes, sun smart hat

Emergency contacts and procedures in the event of an emergency, an emergency contact list is taken on each regular outing. A risk assessment has been developed for this regular excursion and is available upon request.

I understand that the authorisation that I am giving allows my child participation in regular outings including local walks from the preschool site. This authorisation is current for the school year 2024.

I give permission for my child _____ in class _____ to attend regular outings from the preschool site in the local neighbourhood.

I agree to my child participating in the activities associated with this excursion mentioned previously. I have discussed with my child the need for sensible behaviour on this excursion. I authorise the school to make arrangements for the welfare of my child (including medical or surgical treatment) in an emergency and I agree to meet the associated costs. I have provided to the school all medical information relevant to my child attending this excursion.

I agree that my child will be under the authority of the school for the duration of the regular outing and that the school is authorised to return my child to school or home at my expense if the school considers that circumstances warrant such action. I give permission for my child to travel by private car, driven by a staff member or parent, in an emergency.

Your child's medical status must be updated regularly when needed and an updated Medical Information and Consent Form is required to be completed.

A Medication Authorisation and Administration Record must be completed if needed.

Is there any additional information you need to provide to support your child's participation in this excursion?

Yes No

If yes, please provide these details to your child's teacher.

Name of Parent/Carer: (please print) _____

Signature: _____

Date: _____

Chris Shaddock

Principal

20 November 2023

Instructions

This form must be completed by the parent/carer of each student in an ACT public school. The form is used to request general medical information about students and provides for parents/carers to consent to first aid treatment for their child/ren in line with the directorate's First Aid Policy and First Aid General Procedures. This form must be completed annually. Parents/carers must inform the school immediately if there are any changes to the information provided within the form.

Section A – Personal Details (please fill in clearly)							
Student's Name				Date of Birth		Gender	M <input type="checkbox"/> F <input type="checkbox"/>
School				School Year			
Parent/Carer Name				Address			
Telephone Contact	Mobile		Home		Business		
Emergency Contact 1					Telephone		
Emergency Contact 2					Telephone		
Name of Qualified Health Professional					Telephone		

Section B – Medical Information	
Please tick if your child suffers any of the following:	
<input type="checkbox"/> Allergies	<input type="checkbox"/> Blood Pressure
<input type="checkbox"/> Anaphylaxis*	<input type="checkbox"/> Diabetes*
<input type="checkbox"/> Asthma*	<input type="checkbox"/> Eczema
<input type="checkbox"/> Epilepsy*	<input type="checkbox"/> Fainting
<input type="checkbox"/> Hay Fever	<input type="checkbox"/> Fits or blackouts
<input type="checkbox"/> Headaches	<input type="checkbox"/> Heart Condition
<input type="checkbox"/> Nose Bleeds	<input type="checkbox"/> Reaction to Drugs
<input type="checkbox"/> Sight/Hearing Problems	<input type="checkbox"/> Sun Screen Sensitivity
*Please complete and attach a <i>Known Medical Condition Response Plan</i>	
<input type="checkbox"/> Other (please specify)	
Please identify whether your child is presently taking any medication:	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes, the parent/career must give written permission and direction for the administration of any medication at school or during school related activities, as follows:	
<ul style="list-style-type: none"> For a short term, non-ongoing medical condition (e.g. antibiotics for a period of 10 days) please complete the <i>Medication Authorisation and Administration Record</i> and provide qualified medical professional's authorisation (a copy of the medical prescription is sufficient in the case of short term administration of medication). For long term, ongoing administration of prescribed medication complete the <i>Medical Information and Consent Form</i>, the <i>Known Medical Condition Response Plan</i> and the <i>Medication Authorisation and Administration Record</i>. 	
Date of last tetanus injection	
Are you aware of any physical or psychological limitations of your child (please specify)?	
Is there any other information which you believe may be relevant to the general medical/health care of your child?	

Section C – Parent/Carer Authorisation	
<p>1. In the case of my child requiring medical treatment or in the case of a medical emergency, including an anaphylaxis or asthma emergency, I consent to:</p> <ol style="list-style-type: none"> the provision of first aid; the provision of analgesics; treatment as outlined in the attached <i>Known Medical Condition Response Plan</i> (where relevant). <p>2. I authorise the school, where it is impracticable to communicate with me, to arrange for my child to receive such medical or surgical treatment as may be deemed necessary.</p> <p>3. I undertake to pay any costs that may be incurred for the medical treatment, ambulance transportation and medications.</p> <p>NB: Parents/carers should note that in the absence of a <i>Known Medical Condition Response Plan</i>, in cases of emergency excepting anaphylaxis or asthma, only standard first aid will be administered. In an anaphylaxis or asthma emergency authorised medications; salbutamol (for the symptomatic treatment of asthma), and adrenaline (for the treatment of anaphylaxis) will be administered.</p>	
Parent/Carer Signature	Date

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at the student's school and will be made available to relevant school staff, including first aid officers, and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Information Privacy Act 2014* and the *Health Records (Privacy and Access) Act 1997*.

Office Use Only			
Student Central ID	Entered into MAZE	<input type="checkbox"/>	Date

Child's Name: _____ Child's Class: _____

Emergency Contacts (Authorised Nominee)

Emergency Contact 1: (Other than parent/guardian/carer listed previously)

Given name: Family name: Street address: Suburb: State: Postcode: Home Phone: Mobile Phone: Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from preschool? (Please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person authorised to consent to medical treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Emergency Contact 2: (Other than parent/guardian/carer listed previously)

Given name: Family name: Street address: Suburb: State: Postcode: Home Phone: Mobile Phone: Work Phone: Relationship to child/ren:

Is this person authorised to collect the child/ren from preschool? (Please tick)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person authorised to consent to medical treatment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is this person someone who is authorised to authorise an educator to take the child outside the education and care service premises?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>