LOCAL EXCURSION / SPORTING ACTIVITY
MEDICAL AND PERMISSION NOTE.

FAMILY NAME: ____________________________

CHILD'S NAME: ____________________________

EVENT:  Local Class Excursion or Sporting Activity.

VENUE:  Within Dungog School Community

DATES:  To be advised throughout the year

1. ILLNESS

In the event of accident, illness or other misadventure, the teacher in charge has my permission to send my child by ambulance to the nearest hospital, if it is believed necessary.

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(signed)
Parent/Guardian

2. ANAESTHETIC

If deemed necessary I give my permission for anaesthetic to be administered by a medical officer.

---------- (signed)
Parent/Guardian

3. HEALTH FUND DETAILS

MEDICARE NO.__________________________

PRIVATE HEALTH FUND _______ NUMBER____________________

MEDICAL CONDITIONS  ( e.g. Asthma, allergy, bee stings)
Please advise below of any conditions that may affect your child at this event and directions regarding treatment, if necessary.

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>Condition/s</th>
<th>Action to be taken</th>
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Best contact number in case of emergency - __________________________

I understand that the children will be travelling to and from their local excursion or sporting event on foot or by bus – as advised by the classroom teacher at the appropriate time.

I further give my permission for my child to be photographed during these activities for publication at school, in local or Diocesan publications.  YES / NO

Signed: ____________________________  Parent / Guardian  Date________________