

Activity Consent Form

* Please complete this form and have it returned to events@faith.qld.edu.au within 48 hours

Parent / Guardian Consent

Student Name:				Student Photo:
Activity/Program:		Year Level:		
Date of Birth:		Gender:	M / F	
Address:				

Parent/Carer (completing form)	Relation to Student	Home Phone	Mobile

I, the Parent/Guardian, hereby consent to my Students' participation in this camp and activities in this program. I also give consent by signing this Activity Permission Form for my Student to be photographed/recorded during the Activity. Such photographs and videos may be used for promotional, information and/or educational purposes for Faith Christian School. It is understood by signing this consent form, that no remuneration or acknowledgement is asked by the Parent/Guardian or Student.

Parent/Guardian Signature:

Date:

Emergency Contacts

Please complete the below information to ensure emergency contact details are current.

Name	Relation to Student	Home Phone	Mobile Phone

I hereby acknowledge that any emergency contact listed above will be available to contact should a situation occur that staff feel a parent/carers should be contacted regarding their Student.

Parent/Guardian Signature:

Date:

Medical Form

Please complete this form to notify school staff of any medical needs your student may have.

This form is intended to be used to assist the School in the case of any medical treatment required or medical emergency involving a Student on the following attendance at Faith Christian School, excursions, overseas excursion, sports and all outdoor adventure activities when Students are not with their Parents in attendance.

A copy of each Student's form must be taken on the excursion by the supervising Teacher. Faith Christian School collects the information in this form to provide or arrange first aid and other medical treatments for Students. In the absence of a specific plan, standard First Aid will be administered.

The School will always call an ambulance if your Student's medical condition requires emergency medical attention.

Name of Student's Doctor:		Doctors telephone number:	
Medicare Number		Student's position on Card:	
Private Health Fund:		Membership Number:	

Please tick the below if your Student suffers any of the following:					
☐	Anaphylaxis*	☐	Eczema	☐	Nose Bleeds
☐	Asthma*	☐	Fainting	☐	Reaction to drugs
☐	Diabetes*	☐	Fits or Blackouts	☐	Sight/Hearing problems
☐	Epilepsy*	☐	Hay Fever	☐	SunScreen Sensitivity
☐	Allergies	☐	Headaches	☐	Anxiety
☐	Blood Pressure	☐	Heart Condition	☐	Mental Illness
☐	Other:				

Describe what happens for any of the conditions ticked above:

If you have ticked any of the boxes above, does your Student require specific first aid treatment (that is specific instructions provided by your Student's Doctor?)	Yes	No
If YES, a General First Aid Plan is to be completed and provided to the School along with specific instructions provided by the doctor. This form is available from the school. Note: For anaphylaxis*, asthma*, diabetes* or epilepsy* conditions, please ask the school for the appropriate First Aid Plan for completion. In the absence of a specific First Aid Plan, standard first aid will be given in an emergency		

Are you aware of any physical or psychological limitations of your Student?	Yes	No
Please give details:		

Does your Student have any special food/dietary requirements	Yes	No
Please give details:		

Is there any other information which you believe may help us to provide the best possible care for your Student?

Administer Medication

Please complete this form for any medication that may be required to be administered to the Student by School Staff.

Paracetamol Permission

Student Name					
Paracetamol Permission	Yes	No	Gender:	Male	Female
Date of Birth:			Current weight for paracetamol dosage		
Number of subsequent doses of paracetamol before contacting carer/parent (eg. 3 doses in 8 hours)					
I hereby request that School Staff administer Paracetamol during school-related activities, as specified. I acknowledge that my Student has previously taken this medication at home with no adverse effects. Signature: _____ Date: _____					

Paracetamol Record:

Administration record of paracetamol during overnight stays by Staff, details as follows:

Date/Time	Dose	Staff Initials	Parent/Carer Contacted Contact must be made at time of administration

Medication (To be provided in a Websterpak - please see pharmacist) For planning purposes please complete.

Name of Medication	Dosage (eg. 1 tablet)	Route (eg oral, topical)	Indications for use (instructions for when/how medication is administered)

I hereby request that School Staff administer the following medications to _____ during school-related activities, as specified. I acknowledge that _____ has previously taken this medication at home with no adverse effects.

Signature: _____ **Date:** _____

Vaccination Record:

Please tick the below boxes to confirm your student's vaccinations for reference in case of emergency / injury.

Vaccination:		Date Administered: (if known)
☐	Covid - 19	
☐	Hepatitis A and Hepatitis B	
☐	Chickenpox	
☐	Typhoid	
☐	Yellow Fever	
☐	Tuberculosis (BCG)	
☐	Meningococcal	
☐	Japanese encephalitis	
☐	Measles, Mumps and Rubella	
☐	Influenza	
☐	DTP (diphtheria-tetanus-acellular pertussis)	
☐	Rabies	
☐	Poliomyelitis (IPV)	

Consent to medical attention

In the case of my student requiring medical treatment or in the case of a medical emergency, I/we consent to the school providing first aid or treatment as outlined in a specific First Aid Plan and I/we further authorise the school, where it is impracticable to communicate with me/us, to arrange for him/her to receive such medical or surgical treatment as may be deemed necessary. I/we also undertake to pay any costs which may be incurred for the medical treatment, ambulance transport and drugs.

Signature:

Date:

This form is intended to be used to assist the school in the case of any medical treatment required or medical emergency involving a student whilst on the excursion.

The school will always call an ambulance if your student's medical condition requires emergency medical attention

Transport Permission

Please complete this form to consent to your student being transported/driven by school staff/private coach.

Reasons for Travel:

The reasons for travel may include but are not limited to:

1. Travel to and from school via school bus or individual arrangement.
2. Travel to and from external school environments, such as excursions camps, workshops and events Activity).
3. Logistical parental/guardian transport difficulties where parent/guardian cannot pick up or drop off student(s) and has arranged with the school to have the student(s) travel by School or Private vehicle.
4. Medical emergency, due to such circumstances as an injury, or sudden illness. If emergency medical treatment is necessary, I authorise the staff to take whatever measures they deem necessary for the protection of the student while in the school's care, including transport via emergency/ambulance.
5. Misbehaviour by student(s) where removal is required, and a parent/guardian is not able to pick up the student(s).

School Responsibilities:

1. The driver must hold a current driver licence appropriate to the vehicle transporting the student(s). For example, if a 14-seater bus they must hold a Light Rigid (LR) licence.
2. The driver should have the necessary skills to safely transport student(s) in the vehicle they are driving.
3. The driver acknowledges that they will only transport student(s) in a vehicle which is roadworthy, in a safe working condition with adequate seatbelts.
4. The driver should only transport a student(s) if they are comfortable doing so. "School/Private vehicle transport by staff is a privilege not a right." Staff are not obligated to assist in any transport arrangements outside the normal responsibilities of the staff member.
5. When transporting Student(s) ensure that where possible students must ride in the back seat.
6. All students must wear seat belts when travelling in a School/Private vehicle.
7. The teacher must currently be registered with the Queensland Teachers College.
8. If not a teacher, the staff member or approved volunteer must hold a current Blue Card with the School.

Parent/Guardian Responsibilities:

1. At designated pick-up points student(s) must be there at least five minutes before the expected arrival time.
2. Please ensure you notify Faith Christian School if your contact details change.
3. Students will only be permitted to be collected or alight from a designated stop. This can be changed if the parent /guardian has been contacted and agreed to the change in transport arrangements.
4. Remind children of safety rules, i.e., children should wait until the vehicle has gone and they have a clear vision of the road before crossing.
5. Support students and the school to resolve behaviour issues for the wellbeing of passengers and drivers.
6. If you have any concerns about issues arising from the School/Personal vehicle, please contact the School on (07) 3059 1881

Student Code of Conduct:

1. RESPECT the driver by:

- following their directions
- not distracting the driver

2. RESPECT for the rights of all travellers to be safe and harassment free, by:

- entering and leaving the vehicle in an orderly manner
- ALWAYS wear your seatbelt
- not throwing anything, at any time
- remaining in your seat facing forward and remaining in your seat until the car reaches your set down point
- keeping noise to an acceptable level
- using only appropriate language
- waiting safely for the vehicle and keeping well back from the road when waiting

3. RESPECT for property and the environment.

4. RESPECT for yourself by behaving in a manner which:

- brings credit to yourself and your school
- ensures you retain the privilege of school bus travel.

I, _____ with legal responsibility for _____
(Parent/Guardian's name in full) (Student's name in full)

Hereby, give my consent for Student named above to travel by a Faith Christian School Vehicle or Private Vehicle with a Teacher, Staff Member or Approved Volunteer within the above guidelines, for the duration of enrolment or specific Activity. (Activity being a camp, workshop, excursion or event).

* Consent is given one time for the whole time the student is enrolled or duration of Activity at/or with Faith Christian School.

Parent/Guardian Signature:

Date: