

JOHN PAUL COLLEGE
GENERIC HEALTH & PERMISSION FORM

Please read this form thoroughly and sign appropriately. Thank you.

During the year it is necessary for teachers to take students out of school for a curriculum or co-curriculum trip, e.g visit to the public library, waterpolo game etc.

Each teacher who is taking a trip will inform the parent of the trip by letter. It will be the student's responsibility to forward that letter.

This form gives parental consent for these 'day only' trips and a Health Profile. It will be kept in the office for staff to use.

Student's Name: _____ Form Class: _____

Parents/Caregivers Names _____

Address: _____

Home/Work Phone Numbers _____

Emergency Contact Person: _____
& Number/Cell Phone _____

Health: *Please tick if the student suffers any of the following:*


Migraine	<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Asthma	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	Travel Sickness	<input type="checkbox"/>	A.D.D or A.D.H.D	<input type="checkbox"/>
Heart Condition	<input type="checkbox"/>	Dizzy Spells	<input type="checkbox"/>	Seizures of Any Kind	<input type="checkbox"/>
Physical Disability	<input type="checkbox"/>				

Are there any other health issues we should be aware of: _____

Is your child currently taking any medication? Yes No

If 'Yes', please ensure clear, written instructions are provided with the medication.

I give permission for my child to be given the medication as instructed in writing.

 Parent/ Guardian: _____ Date: _____

Are you allergic to anything? Yes No What? _____

What treatment is required? _____

There are times at school when our Registered Nurse will see a need for a student to be given a Panadol. ***Permission slips must be received by the school prior to distribution.***

I give permission for my child to be given one (1) Panadol tablet, if required, by the College Nurse

 Parent/ Caregiver: _____ Date: _____

I give permission for my child to travel outside school for day trips as notified by letter from the Teacher in Charge

 Parent/ Caregiver: _____ Date: _____