

King's College
~Education Outside The Classroom~
Medical & CONSENT FORM

Before taking a student on a trip outside the school we request the following information.

Teacher in charge: Craig Macpherson

Student: _____ Form Class _____

has permission to attend the ; Ahuroa Adventure Camp Course

Date of trip: as per College Calendar

- I agree that the student in my care will abide by the school rules while on the trip.
- I agree that the student in my care will follow instructions given to them by the staff in charge.
- I give staff the authority to arrange and administer if necessary, any medical treatment for the student in my care.
- I give staff in charge the authority to arrange any travel home, for the student in my care, at my expense should it be required for reasons of ill health or discipline.

MEDICAL FORM

Circle correct answer

1. Does the student have to take any medication? YES NO
 If yes, please specify: _____

It will be assumed that the student will be carrying all the appropriate medication and is competent in its administration.

2. Does the student suffer from an allergy or disability? YES NO
 If yes, please specify: _____

 Would the student be limited, in any way, in taking part in physical activities? YES NO
 If yes, please specify: _____

3. Has the student had an anti-tetanus injection in the last five years? YES NO

4. Is the student allergic to penicillin? YES NO

5. Has the student been in contact with an infectious disease in the last month? YES NO

If yes, please specify: _____

6. Is the student a competent swimmer? YES NO

Please supply an address and contact number where you can be contacted during the trip.

Name: _____

Home address: _____

Ph: _____ Fax: _____ Mobile: _____

Work: _____

Ph: _____ Fax: _____ Mobile: _____

Alternative emergency contact person: _____

Home address: _____

Ph: _____ Fax: _____ Mobile: _____

**Please sign and return this form to the teacher
in charge as you get on to the Coach to travel
to Ahuroa.**

The above information is true and accurate and I agree to the conditions of the trip.

Parent Signature:

Date: _____

King's College
~Medical Assistance Form~

The student in my care needs assistance with their medication.

Assistance is required in the following areas:

Storage of the medication

Medication type: _____

Details:

Administration of the medication

Times to be administered: _____

Amounts to be administered: _____

Details:

Doctor's name: _____

Contact number: _____

Address: _____