



Monivae
College Hamilton

ACN 071 878 549

Monivae College
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'Spend the Day at Monivae'

Consent Form - 19/3/2019

Dear Parents/Guardians

Please complete the information on this page and the emergency contact and medical information document on the **reverse side of this page**; it is the parent/guardian's responsibility to alert the College to any changes to the accuracy of the information given on this document.

By completing this document you are consenting to your child attending and participating in the
'Spend the Day at Monivae' - 19th March 2019

Student name: _____

Permission to attend: _____

DOB: _____

Primary School attended: _____

Home Address: _____

Name of Parent/Guardian: _____

Phone numbers: _____

Home: _____ Business: _____ Mobile: _____

Emergency Contact Name: _____

Relationship to student: _____

Phone Number: _____

Alternative Emergency Contact Name: _____

Relationship to student: _____

Phone Number: _____

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mind spirit heart

Please turn over.

Please indicate any medical information, which should be known

Is your child on any medication? YES/ NO If yes please give details:

All medicines must be handed to the teacher in charge prior to leaving, with your child's name, the dose to be taken and when it should be taken. These will be kept in the First Aid centre and dispensed as required.

Please indicate if your child suffers from any of the following:

- Dizzy spells
- Travel sickness
- Fear of heights
- Diabetes
- Blackouts
- Epilepsy
- Asthma
- Sleep walking
- Migraines

Allergies to:

- Any Foods
- Penicillin
- Drugs

Other: _____

Special Care required: _____

Name of Doctor (for emergencies): _____ Phone: _____

Medicare Number: _____ Health Fund: _____

Do you belong to an Ambulance Fund? _____ Yes/no (please circle)

I give permission for my child to attend the above excursion and I agree he/she will be subject to the direction and control of the persons conducting the excursion, and I expect my child to obey all reasonable rules governing safety and behaviour. In the event of illness or accident to my child, I will be notified as soon as possible but I authorise the person in charge, where it is impracticable to communicate with me, to consent to my child receiving such medical treatment (including the administration of an anaesthetic) as may be deemed necessary by a legally qualified medical practitioner. I understand that all reasonable care for the safety and health of my child will be taken by the persons in charge of the excursion. I agree to pay all fees and expenses incurred, including those for transportation and hospital accommodation.

Parent/Guardian Signature: _____ Date: _____

Please complete and return this form to Monivae by Wednesday 13th March to RSVP

Travel arrangements on the day: Parents Walking Bus

Bus queries Michelle Ferey 5551 1203

Casterton bus queries contact Neale Guthrie 0419 518280