Parent/Guardian Consent Form
CONSENT FORM FOR ORIENTATION

YEAR 7 ORIENTATION DAY
TO BE RETURNED SIGNED TO THE COLLEGE BY:
Monday 9 November 2026

Student Name:

Current Primary School:

Contact Information - Contact person on Orientation Day

Name:	
Mobile number:	Workplace name and number:

Other Emergency Contact:

Name:	
Mobile number:	Workplace name and number:

MEDICAL DETAILS

Is your child subject to asthma, seizures, epilepsy, fainting, diabetes or any other medical conditions that may affect his/her safety r i n g any excursion activities ***(Note: staff cannot take responsibility for any medical conditions of which they are unaware).***

☐ **Yes** ☐ **No**

Provide Details

Is your child allergic to anything? ☐ **Yes** ☐ **No**

Provide Details:

Is any special care required? ☐ **Yes** ☐ **No**

Provide Details:

MEDICATION

Arrangements for the safekeeping and handling of medication must be made prior to Orientation Day

Is your child presently taking any tablets and/or other forms of medication? ☐ **Yes** ☐ **No**

Does your child self-administer the medication? ☐ **Yes** ☐ **No**

If ***"yes",*** please provide details (dosage, frequency, name of medication and reason for use):

I agree to inform the organisers before the scheduled excursion departure of any changes to my child's health and fitness so that appropriate supervision may be arranged. I am aware that staff members are not responsible for injuries or damage to property, which may occur on an excursion, when in all circumstances, staff have not been negligent. I acknowledge that, in the event of an accident, the school staff will arrange to present my child for medical assessment as soon as possible.

In the case of excursions not involving an overnight stay, costs incurred as a result of accident or illness is the responsibility of the parent/guardian. The department of Education and Training insurance policy applies for approved camps/excursions involving an overnight stay. The policy covers students for a maximum of $10,000 for medical and ancillary expenses where Medicare or private health insurance does not cover these costs.

I have read and understood the information regarding the Joseph Banks Orientation Day on Tuesday 1 December 2026 and give my consent for my son/daughter to attend.	
Signature of the parent/guardian:	Date: *I I*
Name of the parent/guardian:	