



Vanuatu Mission Trip 2016

Permission and Medical Form



Student's Name: _____

I have read and understood the note regarding the final details of the Year 11 Vanuatu Mission Trip 21st September to 1st October 2016. Understanding the program, proposed activities and the packing list, I give permission for my child to participate in the program. I have accurately completed the medical and other details below

Parent / Guardian Signature: _____ Date: _____

Student's Signature: _____ Date: _____

Medical Information	Please Circle	Further Information
Heart Problems	Yes / No	
Respiratory Problems	Yes / No	
Migraines	Yes / No	
Blackouts	Yes / No	
Sleepwalking	Yes / No	
Epilepsy	Yes / No	
Special Diet (eg vegetarian)	Yes / No	
Restrictions on activities	Yes / No	
Travel sickness	Yes / No	
Drug Restrictions	Yes / No	
Allergies (eg food/bees)	Yes / No	
Mediations required	Yes / No	
Known phobia (please state)	Yes / No	
Recent Illness/Operations	Yes / No	
Permission for teacher to administer paracetamol	Yes / No	

- **All medications must be in original prescription containers, labelled with student's name and dosage requirements.**
- **Please attach a note with further information should the space provided be insufficient.**

Swimming is part of the planned activities so please indicate your child's swimming ability below:

- Non-swimmer Weak Swimmer (able to swim 20m or less)
 Medium Swimmer (able to swim 50m) Competent & Proficient Swimmer

Emergency Contact Details for Parents/Guardians (please complete for all contacts)

Parent/Guardian Name/s: _____

Phone: Home _____ Mobiles _____

Email: _____

Alternate Emergency Contact: Name _____ Phone _____