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**Year 10 Retreat 2020**

**Permission and Medical Information Form**

**St Pius X High School Adamstown**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, parent / carer of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Care Group 10.** \_\_\_\_\_, give permission for my son / daughter to attend the St. Pius X High School Year 10 Retreat at the Collaroy Centre, Collaroy from Wednesday 9 to Friday 11 September 2020. I state that the information supplied is true to the best of my knowledge. ***Please fill out both sides of this form.***

Parent signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Contact and Medical Details**

**Student Details:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact Numbers:**

Home:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile:­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other (please nominate who this number is for): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicare Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position on the Card: \_\_\_\_

Ambulance Cover: Yes/No (please cross out what does not apply)

Private Health Fund: Yes/No (please cross out what does not apply)

Name of Fund:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Doctor’s Surgery: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone \_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FILL OUT THE REST OF THE FORM OVERLEAF**

Family Doctor’s name (usual Doctor) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your daughter/son have any medical conditions or requirements the staff on retreat need to be aware or may hinder their involvement in retreat activities? (e.g. medication)

Yes/No (please cross out what does not apply)

If Yes please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your daughter/son have any allergies Yes / No

If Yes please specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Who needs to be directly informed in the event of a medical emergency concerning your child?

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_

**Privacy Notice**: Please note that the details collected on this form serve only to provide staff providing First Aid with the necessary information needed to make decisions in the event of an emergency, if the parent / carer cannot be contacted.

**Please note:** Dietary requirements for the meals provided at retreat will be collected via an online form closer to the event.

--------------------------------------------------End of Form 1-----------------------------------------------------