

**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: Rod Pancoust

Student: \_\_\_\_\_

has permission to attend the: Ahuroa Outdoor Adventure Camp

Date of trip: As per published dates

- 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.*

**Tick the box if the student in your care needs assistance with their medication.**  
*List medication, administration times, amounts and other details on the reverse of this form.*

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 bring this medical permission slip to the bus on the day of departure.**

**N.B. If the form is not with the student or not signed, they will not be able to get on the bus, parents will be rung to come to the College, sign the form and take their son to Camp.**

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**~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: \_\_\_\_\_