



## Term 1 CAS Selection

Student Name: \_\_\_\_\_ Year: \_\_\_\_\_ House: \_\_\_\_\_

Please select one of the following sports, by placing an X in the appropriate box. Please note that students may only nominate for 1 Summer sport.

### Summer Sports:

Junior Boys Tennis

Junior Girls Tennis

Junior Girls Touch

Junior Boys Cricket

Year 8 Boys Basketball

Year 8 Girls Basketball

Year 9 Boys Basketball

Year 9 Girls Basketball

Senior Girls Basketball

Senior Girls Touch

Senior Boys Basketball

Year 10/11/12 Boys Volleyball

Year 10/11/12 Girls Volleyball

Dear Parent

If your child is **new** to the college, you are required to complete the **full** medical form located on the next page. If your child is not new to the college, then you may complete the tear-away form below.

✂.....

*Please return to the **HPE Office** by **Monday 6th February**  
**Summer CAS 2017***

Student's name \_\_\_\_\_

There have been no changes to my child's circumstances, contact details or medical condition since completing the Student off Campus Permission Form in February 2015

Parent/Guardian's signature \_\_\_\_\_ Date \_\_\_\_\_



# Lake Joondalup Baptist College

## Student Permission Form Excursions and Sporting Events

Please return the completed form to the **Director of sport in the HPE office.**

**Excursion/Sporting Event(s): Summer CAS 2017**

**Excursion/Sporting Event(s) Date(s): Term 1**

### Student Information (Parent/Legal guardian – please complete this section)

Student's name \_\_\_\_\_ Year/Form \_\_\_\_\_

Student's mobile phone number \_\_\_\_\_

*Mobile phone numbers may be used by supervising teachers for the purpose of ensuring Duty of Care to students while on an excursion. Mobile phone numbers will not be passed onto any other person or used for any other purpose apart from the one specified. Numbers will be securely disposed of in a secure disposal bin after use.*

### Emergency Contact details during Excursion/Sporting event(s)

1. Name \_\_\_\_\_ Contact number \_\_\_\_\_

Relationship to student: \_\_\_\_\_

2. Name \_\_\_\_\_ Contact number \_\_\_\_\_

Relationship to student: \_\_\_\_\_

### Medication (Parent/Caregiver – please authorize by signing next to the medication)

I give permission for \_\_\_\_\_ (student's name) to receive the following if required:

Panadol \_\_\_\_\_ (signature) Nurofen \_\_\_\_\_ (signature)

Claratyne \_\_\_\_\_ (signature) Polaramine \_\_\_\_\_ (signature)

### Medical Conditions (Parent/Guardian – please complete this section)

My child has special needs in the following area(s): (please tick the box and provide specific details and attach notes or additional information if required eg severity of the condition, medication)

**Condition**  
Anaphylaxis

Other allergies & severity

Other:

Asthma

Previous injury/illness

If you have ticked a box please provide additional information

Diabetes

Excessive nose bleeds

Epilepsy

Anxiety/panic attacks

Heart Condition

ADD/ADHD

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please turn over to complete page 2

**Student**

1. I understand and agree to abide by the College standards for uniform as outlined in the Student Organiser. This includes the standards for free dress as well as the College summer and winter uniform and sports uniform. I understand that I may not be permitted to attend the excursion/sporting event(s) if my uniform does not meet the required standards.
2. I understand and agree to abide by the College standards for behaviour as outlined in the Student Organiser. I understand that discipline action may be taken if I infringe any of the excursion/sporting event(s) rules/codes of conduct, whether verbal, written or traditionally understood, that I may be excluded from future excursions/sporting event(s).

Student's signature \_\_\_\_\_

Date \_\_\_\_\_

**Parent/Caregiver**

1. I understand College staff expect students to wear their uniform to the correct standard and demonstrate sensible and compliant behaviour at all times. All excursions/sporting event(s) are an extension of school and as such are covered by the same rules. In addition, each excursion may have additional rules which must be observed. Students who breach or infringe any of the school or excursion/sporting event(s) rules/codes of conduct, may be excluded from attending future excursions/sporting event(s).
2. I give permission for my son/daughter to travel to and from the excursion/sporting event(s) in a bus. The College endeavours to use only busses equipped with seatbelts whenever possible. I give permission for my son/daughter to travel in a private or hire vehicle with a College staff member should the need arise.
3. I agree to a College staff member attending to the First Aid needs of my child when required for the duration of the excursion/sporting event(s).
4. I authorise LJBC staff member/s to seek medical/dental attention, call an ambulance, or hospitalise my child if necessary and agree to pay for such expenses incurred on my behalf. I agree that if an emergency occurs requiring surgery, anesthetic, oxygen, medication and not one of the Emergency contacts listed, can be contacted within a reasonable time, the LJBC staff member/s has the authority to agree to recommended treatment by an accredited medical practitioner on my behalf and to use such health or personal information as may be considered necessary.
5. I have disclosed all relevant information pertaining to the health and well being of my child. I understand that this information is required by the supervising teacher(s) so they may provide the highest level of care for my child for the duration of the excursion/sporting event.
6. I understand the College policy does not cover medical expenses arising from illness, loss of or damage to personal effects and property, or liability incurred by students for property damage.

Parent's signature \_\_\_\_\_

Date \_\_\_\_\_

Parent/Guardian's name \_\_\_\_\_

