

In the case of a medical emergency every effort will be made to notify carers.

In the rare instance that contact cannot be made please give authorisation for Qualified Practitioners to administer:

ANAESTHETIC (Please Circle) **YES NO** **BLOOD TRANSFUSION** (Please Circle) **YES NO**

Medical Practice..... General Practitioner's Name Ph.....

Secondary Contact Description (ie. Aunty / Grandparent)..... Ph

School staff will not administer over the counter medication, including analgesics, homoeopathic or prescribed medication without a written request from a parent / guardian and/or by written advice from a medical practitioner. Medications must be labelled and in the original container.

(YES/NO) I give permission for school staff to administer one dose of paracetamol as required should my child be suffering from a headache or any mild discomfort.

Are there any custodial issues that the Principal and/or staff of Tallebudgera Beach School should to be made aware of? Please outline:

.....
If your child has any other additional details or conditions please outline:
.....

Education Queensland requires a risk assessment to be conducted on all curriculum areas that contain potential hazards. At the Beach School several activities (eg. Body boarding, Kayaking, etc) are deemed as high risk. To minimise these potential risks the Beach School implements strict safety procedures in accordance with the Departments safety guidelines. The Beach School prides itself on its impeccable safety record. All sessions are conducted by trained and highly qualified staff. Please refer to the Beach School website for further information - www.talloec.eq.edu.au > Residential Camps > Champ Camp > Champ Camp CARA's

I (**DO / DO NOT**) give the Tallebudgera Beach School permission to use any photographs or videos of my child for promotional or marketing purposes.

I (Name)give permission for my child to participate in adventure based activities that are considered high risk by Education Queensland and I hereby authorise the Principal, or his representatives, to obtain such medical attention as may be deemed necessary. I acknowledge that the Department of Education, Training and Employment does not have Personal Accident Insurance cover for students. I agree to pay all expenses incurred on behalf of the above student.

SIGNATURE REQUIRED (Parent / Guardian):..... Date/...../.....