



**Permission Form - Australian Agricultural Centre**

School: \_\_\_\_\_ Year: \_\_\_\_\_

Student's name: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Medicare number: \_\_\_\_\_ Position on card: \_\_\_\_\_

Emergency contact name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

Emergency contact number(s): \_\_\_\_\_

Does your child have any illness, allergy, disability or other condition, e.g. travel sickness?  
Yes/No

If yes, please provide details:

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Does your child need to take any form of medication on this excursion? Yes/No  
If yes, please provide details, including the name of the medication, dosage, frequency,  
and the purpose of medication:

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Does your child have any special dietary requirements? Yes/No

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Is there any other information that the teachers should be aware of about my child during  
this day/overnight stay?

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Day/Overnight Excursion to Australian Agricultural Centre, Crookwell Permission Note

I give permission for my child \_\_\_\_\_ of Year \_\_\_\_\_  
at (school) \_\_\_\_\_ to attend the day/overnight  
excursion at the Australian Agricultural Centre which is a working farm on \_\_\_\_\_.

I understand that my child will be travelling by bus and staying for the day/overnight at the Australian  
Agricultural Centre, Crookwell, NSW. I understand that students will be accompanied by teachers and I  
give them permission to administer \_\_\_\_\_ (name of any medication  
mentioned above) to my child.

Signed Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

Please fill out and return this form to your child's teachers **NO** later than \_\_\_\_\_