

Gympie HighLIGHTS Permission Form

Term 2 - 2023

As PARENT/GUARDIAN of _____ (INSERT STUDENT NAME), I give consent for my student to participate in the **Gympie HighLIGHTS Excellence Immersion Program organised by Mr Craig Wilson** and agree to delegate my authority to the teachers involved. Such teachers may take whatever disciplinary action they deem necessary to ensure the safety, wellbeing and successful conduct of the students as a group or individually, in the above mentioned activity. In the event that my student damages or destroys property belonging to another person, I will pay the cost of repairs or replacement when requested to do so.

I also authorise the teachers to obtain medical assistance when they deem necessary, should an accident occur, and agree to pay all medical expenses incurred on behalf of the above student. I further authorise qualified practitioners to administer anesthetic if such an eventuality arises. I submit the following medical information about the above student and include details of limitations which they have for the activity concerned.

In the table below please tick (v) which program/programs your student would like to participate in.

Term 2 2023		Term 2 2023	
Design Technology – Wednesday 24/5, 31/5, 7/6 3.30pm – 4.30pm		RISE – Saturday 27 May 9.00am – 12.00pm	
Steam into Science – Wednesday 24/5, 31/5, 7/6 3.30pm – 4.30pm		Food Technology – Saturday 3 June 9.30am – 1.30pm	
Number Ninjas – Wednesday 31 May 3.30pm – 5.00pm			

STUDENT NAME: _____ YEAR: _____

PRIMARY SCHOOL: _____ DATE OF BIRTH ____/____/____

PARENT/GUARDIAN: _____ PHONE: _____

EMAIL: _____

SIGNATURE: _____ (Parent/Guardian) DATE: _____

**PHOTOGRAPHY: I GIVE PERMISSION FOR PHOTOS OF MY STUDENT TO BE TAKEN AND USED AS
PROMOTIONAL MATERIAL BY GYMPIE STATE HIGH SCHOOL YES/NO**

STUDENT MEDICAL INFORMATION

CONDITION

DETAILS

Heart Problems..... YES/NO
Respiratory Problems..... YES/NO
Allergies..... YES/NO
Blood Pressure..... YES/NO
Operations..... YES/NO
Epilepsy..... YES/NO
Recent Illness..... YES/NO
Injections & When Given (e.g. Tetanus)..... YES/NO
Drug Reactions (e.g. Penicillin Allergy)..... YES/NO
Drugs Required..... YES/NO
Other..... YES/NO
Phobias.....

Is there any medical or psychological reason to prevent your student from participating in any of the activities outlined in the Information Sheet? YES / NO

If YES, give details: _____