

OEx - General consent form

GENERAL CONSENT FORM

Overseas excursion to Germany and Italy From: 02/04/26 To: 17/04/26

Student name: _____ Class: _____

Parent/carer declarations

I have read the information supplied by Toronto High School and understand the requirements outlined for and the organisation of the overseas excursion to Germany and Italy on 02 / 04 / 26 To: 17 / 04 / 26

I have completed all consent forms required by the school and certify that the information is true and correct.

I consent to my child _____ (student name) participating in an overseas excursion to _____ on _____.

I consent to all activities listed in the itinerary dated 06/09/2024

I have discussed with my child the risks associated with the usage or importation of illegal or dangerous items into Australia, including potential fines and penalties and the risk of serious injury to self and others associated with the use and misuse of these items.

Parent/carer full name: _____

Parent/carer signature: _____ Date: _____

Privacy notice

The information requested in this form are collected by the NSW Department of Education. The information is obtained for the purpose of ascertaining relevant medical information, requirements and other health care related needs about your child who is currently enrolled at the school and who may participate in school excursions, sporting activities or other educational or school activities conducted by or in conjunction with Toronto High School.

The information will be used by the school to plan, to support students, and to minimise risks when conducting the school excursions or other related school activities.

Other persons or agencies that may be provided with this information include, but are not limited to, volunteers and members of external organisations who join with the school or are otherwise involved in the planning or delivery of the excursion, sporting or other school activity; and persons that may be called upon to provide health care treatment or other assistance during or as a consequence of such excursions or activities.

Provision of this information is voluntary, however, if you do not provide all or any of the information requested, your child will not be permitted to participate in the excursion. In such circumstances, the school will make available a sound alternative educational experience.

Provision of this information will significantly assist the school in planning a safe educational activity. It will be stored securely. If you have any concerns about provision of this information, please contact the school principal to discuss further.

You may correct any personal information provided at any time by contacting the school office on 0249 591788.

Student name: _____ Year/Class: _____

Parent/carer signature: _____ Date: _____

OEx - Medical information form

MEDICAL INFORMATION FORM

Overseas excursion to Germany and Italy From: 02/04/26 To: 17/04/26

Student medical information

The information provided on 06/09/2024 by Kim Rowland is being obtained for the purpose of this overseas excursion. It will be used by the NSW Department of Education for the duration of the excursion and will be stored securely.

Failure to provide the information may mean that your child can not participate in a particular excursion or school activity. In such circumstances the school will make available a sound alternative educational experience.

You may correct any personal information provided at any time by contacting Kim Rowland on 0249 591788.

Please complete and return this form by 08/12/2024.

Student name: _____ **Class:** _____

Parent or carer contact details

Name: _____

Address: _____

Home phone: _____ Work phone: _____ Mobile: _____

Doctor contact details

Name: _____

Address: _____

Phone 1: _____ Phone 2: _____

Emergency contact details

Provide alternative contacts

Name: _____ Phone: _____

Name: _____ Phone: _____

List existing medical conditions or illnesses

Include asthma, diabetes, epilepsy, allergies (including mild allergies) etc. Outline the treatment for each. A doctor's letter, detailing how the condition/s is to be managed, is required.

Outline special dietary needs including possible reaction to inappropriate diet

Medication(s) to be administered during the excursion

Include name of medication, instructions for administration, time of administration, and any possible reactions

Parent/carer signature: _____

Date: _____

OEx - Medication request form

MEDICATION REQUEST FORM

Overseas excursion to Germany and Italy From: 02/04/26 To: 17/04/26

Student name: _____ Class: _____

Notes for parent/carer
<p>The Principal needs to approve a request for a student to self-administer medication.</p> <p>If approved by the Principal, medication must be supplied in its original packaging, clearly labelled with your child's name, dosage and expiry date. If you are unable to provide this information now, you will need to provide it at least 14 days before excursion departs.</p> <p>If your child takes more than one prescribed or over the counter medication, please attach a separate request for each medication.</p>

Medication request from parent/carer

Administration of medication (Tick one only)	<input type="checkbox"/> Request to administer medication to student <input type="checkbox"/> Request for student to self-administer medication
Name of medication	
Type of medication (Tick one only)	<input type="checkbox"/> Prescribed medication <input type="checkbox"/> Non-prescribed medication
Medication used to treat: (Name of medical condition)	
Dosage	
Time of dosage	
Expiry date of medication	
Storage requirements, if any (e.g. refrigerator)	
Special requirements for administering the medication e.g. to be taken before/after meals, with water etc.	

Are you aware/have you been advised of any potential side effects of this medication? (Tick one only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please provide more information:

If your child self-administers his/her medication at home, do you request that he/she self-administer this medication whilst on this overseas excursion? (Tick one only)	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please describe what support, if any, your child needs to administer the medication in a non-emergency situation whilst on the overseas excursion: (You may like to include information as to how you support your child at home).

<p>For some students with medication, it may be appropriate for them to carry their own medication whilst on the excursion, for example: asthma reliever medication and preventative medications. If your child will be carrying his/her medication, we need to have information to support them and ensure it is safely managed. You may be asked to supply additional medication to the accompanying staff in case the medication is lost or spoilt whilst overseas.</p> <p>Do you request permission for your child to carry his/her own medication whilst on the excursion?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	If 'Yes', please describe where and how your child will carry this medication, e.g. on their person, in hand luggage, stored securely in a hotel room safe etc.

Parent/carer name: _____

Signature: _____ Date: _____

Approval by the principal

Principal's name: _____

Signature: _____ Date: _____

OEx - Permission to administer medication (general)

PERMISSION TO ADMINISTER MEDICATION (GENERAL)

Overseas excursion to Germany and Italy From: 02/04/26 To: 17/04/26

Student name: _____ Class: _____

Notes for parent/carer

The accompanying staff will access medical care for students in the event of an emergency. If required, staff may also administer non-prescription medication.

The NSW Department of Education requires parent/carer consent for the different options for administration of medication and a final update before departure.

Please complete and sign to indicate your permission to administer any of the medication listed below.

Parent/carer declarations

I give consent for my child _____ to be given the following medications **if required** as selected in the boxes below. The non-prescription medication the accompanying teacher will be making available to the students on the overseas excursion are:

- Non-prescription generic pain medication such as Panadol or Nurofen
- Anti-dehydration drinks such as Hydralite
- Travel sickness medication such as TravaCalm Original (hyoscine hydrobromide 200 micrograms)
- Diarrhoea relief capsules such as loperamide hydrochloride 2 mg per capsule
- Hayfever allergy relief such as Telfast (fexofenadine hydrochloride 180mg per tablet).

Student Medicare Card Details

The Australian Government has Reciprocal Health Care Agreements (RHCA) with some countries as listed by the Department of Human Services at <https://www.servicesaustralia.gov.au/reciprocal-health-care-agreement>.

If required, the organisers will seek access to government medical facilities under the RHCA that exists between Australia and Europe we require the student's Medicare number.

Medicare number

Reference number appearing next to your child on the card

Parent/carer name: _____

Signature: _____ Date: _____

OEx - Student code of conduct

STUDENT CODE OF CONDUCT

Overseas excursion to Germany and Italy From: 02 / 04 / 2026 To: 17 / 04 / 2026

Student name:	Parent/Carer name:
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While the supervising teachers will at all times offer the appropriate care and guidance, each student must be prepared to take responsibility for their own actions.

To participate in this excursion, parents/carers and students are required to agree and sign this student code of conduct.

The department's Student discipline policy and the Behaviour code for students can be found at <https://policies.education.nsw.gov.au/policy-library/policies/student-discipline-in-government-schools-policy>. These and school rules apply throughout the duration of the trip.

Students must:

- follow all instructions promptly and completely
- remain with at least TWO other members of the group at all times
- settle any extra costs as they are incurred
- be punctual at all times
- be responsible for own belongings
- take part in all planned activities and take an active interest
- be constantly aware of what the group is doing and know the planned activities for each specific day
- be alert to the needs of others and be constantly aware that all actions should assist the well-being of all members of the group
- be polite, courteous and culturally sensitive.

Students must NOT:

- consume alcohol, smoke or take prohibited substances
- make excessive noise or disturbances in the hotel/accommodation.

Declarations

I, (print student's name) _____ have read the conditions above and agree to abide by this code of conduct.

I agree to meet these commitments and will abide by the regulations at all times. I understand that breaching the code of conduct and/or failure to cooperate with the supervising teachers will result in disciplinary action on my return to school.

Student's signature: _____ Date: _____

Parent/carer's signature: _____ Date: _____