ST JOSEPH'S SCHOOL NORTHAM – Excursion and Medical Proforma

St Joseph's School – CAPPS Athletics Carnival 2025

PERMISSION TO ATTEND

FULL NAME OF STUDENT: _____

I _____ [please print] give my permission for my child, as named above, to attend the **CAPPS Athletics Carnival** on **Tuesday 4th November 2025.**

In the event of my child requires medical attention and I am unable to be contacted, I give permission for Mr Cameron Watson to seek such assistance.

Parent/ Guardian Signature: _____ Date: _____/_____/_____

MEDICAL ADVICE (Please write in *Nil* if not applicable)

I wish to alert staff that my child, as named above:

[a] Suffers from and requires the following medication:

Illness	Medication	Dosage Time	Dosage	Other Information

[b] Is allergic to the following foods / medicines / factors

_____
_____
_____
_____

[c] is prone to travel sickness? Yes / No

EMERGENCY CONTACTS

Name	Relationship	Phone Number

This form must be returned to Mr Watson by Friday 24th October 2025