

**Round 1 Testing Permission Slip** Completion required for OUT OF AREA students ONLY**Current school attending:****Please indicate your child's institute preference for the Approved Specialist Program in 2026.**Please indicate with 1 (first choice) and 2 (second choice) or select BOTH. **STEM Institute** **Creative Technologies Institute** **BOTH**

By completing this form, I give permission for _____ (CHILD'S NAME) to attend Ashdale Secondary College on **Tuesday, 1 April 2025 from 8.15 am to 9.30 am** for the ICT Approved Specialist Program Round 1 Testing. I acknowledge that the parents are responsible for dropping off and picking up students from Ashdale Secondary College.

Parent/Guardian Name**Signature****Date****If your child has special needs, provide full details and include any relevant medical details below.****Student Name:****Student's
Date of Birth:****Parent/Guardian Full Name****Email:****Address:****Postcode:****Mobile P/G 1:****Mobile P/G 2:****Please tick if your child suffers from any of the following:**

Heart condition

Travel sickness

Dizzy spells

Fits of any type

Black outs

Migraine

Asthma

Other (please provide adequate information):

Allergies to:

Penicillin

Other drugs:

Any foods

Other allergies:

Tetanus immunisation: Last immunisation was on _____. If over 10 years since the last immunisation, please tick if a booster is arranged by a parent/guardian before the testing date. _____ Booster date: _____

Tablets and medicines: Is your child presently taking tablets and/or medicine? YES NO

If YES, please state the name of the medicine and dosage:

Arrangements for safekeeping and handling of medicines are to be made before the excursion.

If the proposed activity posts any additional health risks to those identified above, please outline these to those identified in the Student Health Care Summary, e.g. if your child suffers from anaphylaxis, there may be risks associated with the provision of meals and storage of adrenaline auto-injector at the appropriate temperature. Please outline additional health risks below:

I give permission for my son/daughter to receive medical treatment in case of emergency.

I am aware that the school and its employees are not responsible for personal injuries or property damage which may occur on an excursion unless the school or its employees are proven to be negligent.

Parent/Guardian Signature:**Date**

**PLEASE COMPLETE AND RETURN TO ASHDALE SECONDARY COLLEGE
BY THURSDAY 27 MARCH 2025 3.30PM**