



AUSTRALIAN DANCE PERFORMANCE INSTITUTE
T/A BRISBANE DANCE CENTRE

ADPI

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PARENT – GUARDIAN PERMISSION FORM

Note: This form is relevant to students under the age of 18 years of age for ADPI P/L organised external activities, such as: Visits to other organisations / workplaces (including where travel and accommodation are required); & field trips.

Student Name (in full)	
Student Mobile	Name of Parent/Guardian
<u>EMERGENCY CONTACT DETAILS</u>	
	Emergency Contact Tel:
	Emergency Contact Mob.....

EXTERNAL VISITS / TRIPS

As a parent / guardian of(print student's name) I give my consent for him / her to participate in external visits / field trips / extra curricula activities and agree to delegate my authority to the Australian Dance Performance Institute P/L staff involved.

Such staff may take whatever disciplinary action they deem necessary to ensure the safety, well being and successful conduct of the students as a group or individually in any activities.

I also authorise ADPI P/L staff attending during the visits/trips to obtain medical assistance which they deem necessary should an accident occur, and agree to pay all medical expenses incurred on behalf of the abovenamed student.

I further authorise qualified practitioners to administer anaesthetic if such an eventuality should arise.

I understand that private transport may be used for the excursion and I give my approval for my son / daughter to be conveyed by private transfer.

Name: Signed:
(Parent / Guardian)

STUDENT MEDICAL HISTORY AND AUTHORISATION

Date of last tetanus injection..... Medicare No:

Does your son/daughter have any pre-existing injury and/or medical condition? Yes No If Yes Please Detail Below

Please list any current medication/s (if insufficient space please use reverse)

Please list allergies

I hereby authorise the obtaining on my behalf of such medical assistance as my son/daughter may require in the event of accident or illness. I authorise the administering of anaesthetic and/or blood transfusions if this is deemed necessary by the attendant Medical Officer/Practitioner.

Name: Signed: Date:
(Parent / Guardian)

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