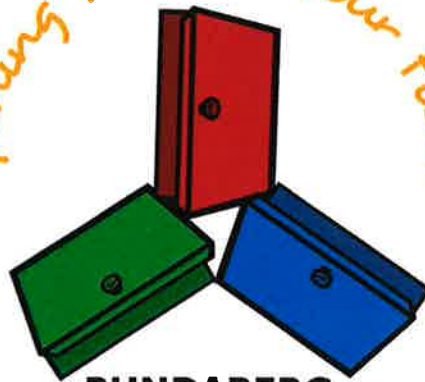




Huge Range  
of Careers  
on Display

Opening Doors to Your Future

Free  
ENTRY



## BUNDABERG CAREERS EXPO

# TUESDAY 23<sup>rd</sup> MAY 2017

## BUNDABERG CIVIC CENTRE

### PUBLIC SESSION - 4.00pm to 5.30pm

Exhibitors will Include:

- |  |   |  |
|--|---|--|
|  AGRICULTURE          |  AVIATION                              |  BUILDING     |
|  BUSINESS AND FINANCE |  COLLEGES                              |  CONSTRUCTION |
|  DEFENCE FORCES       |  HEALTH                                |  HOSPITALITY  |
|  EMPLOYMENT AGENCIES  |  RETAIL                                |  TAFE         |
|  MANUFACTURING        |  TOURISM                               |  TRAINING     |
|  POLICE RECRUITMENT   |  UNIVERSITIES <b>AND SO MUCH MORE!</b> |  |

**GARY HOHN, SENIOR GUIDANCE OFFICER - TELEPHONE 07 4155 7528**

#### SUPPORTED BY

- ABC WIDE BAY
- DEPARTMENT OF EDUCATION AND TRAINING
- AUSTRALIAN MENTAL HEALTH CONSULTANT
- BUNDABERG YOUTH HUB
- TAFE QUEENSLAND EAST COAST



#### PROUDLY SPONSORED BY



ROTARY CLUB OF  
BUNDABERG EAST

BUNDABERG NORTH STATE HIGH SCHOOL

CONSENT FORM: EDUCATIONAL EXCURSION

**BUNDABERG CAREERS EXPO**  
**Tuesday 23<sup>rd</sup> May, 10.45 am- 12.00 pm**

As a parent/guardian of \_\_\_\_\_, I give my consent for him/her to participate in the Bundaberg Careers Expo. 2017 excursion, and agree to delegate my authority to the teacher(s) involved.

- Such teacher(s) 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, during the excursion.
- I also authorise the teacher(s) 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 medical assistance (which could include anaesthetic) should such an eventuality arise.

I submit the following medical information about the above student and include details of limitations that he/she has for the activity concerned.

Signed: \_\_\_\_\_

MEDICAL INFORMATION FOR: \_\_\_\_\_ (Please state full name)

Date of Birth: \_\_\_\_\_

Is there any medical or psychological reason to prevent the above student from participating in any of the activities outlined in the information sheet? YES / NO (please circle)

If YES, please give details:

\_\_\_\_\_  
\_\_\_\_\_

Medical Condition	Please circle the appropriate response	Details (if applicable)
(a) Heart Problems	YES/NO	
(b) Respiratory Problems	YES/NO	
(c) Allergies	YES/NO	
(d) Travel Sickness	YES/NO	
(e) Blood Pressure	YES/NO	
(f) Operations	YES/NO	
(g) Epilepsy	YES/NO	
(h) Recent Illness	YES/NO	
(i) Injections and When (eg. Tetanus)	YES/NO	
(j) Drugs Required	YES/NO	
(k) Drug Reactions (eg. Penicillin Allergy)	YES/NO	
(l) Other	YES/NO	

Emergency Contacts: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_