

EXCURSION PARENT CONSENT FORM

Dear Parent/Carer

Title of the excursion: Year 7 Adventure Day		
Educational purpose of the excursion: An opportunity for students to build relationships with their peers and teachers, in an alternate environment (Enchanted Adventure Gardens, Arthur's Seat).		
Venue: Enchanted Adventure Garden, Arthur's Seat.		Cost: \$50
Date of Excursion: 4/2/22	Time of Departure: 8:30am	Time of Return: 4:30pm
Transport: Bus	Meal Arrangements: Students to bring their own lunch and water bottle.	
Dress: Sports uniform		
Other information: Please make sure you return the Tree Surfing Indemnity Form as well.		
Teacher in Charge: Alice Paget		

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Title of the excursion: Year 7 Adventure Day	Date: 4/2/22
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Please return this form to: Front office / Alice Paget or Reia Grey by 26/08/21 (Year 7 Welcome Night)

Money must be enclosed in an envelope, with the student's name and form group, and handed to the General Office.
There will be no refund of money unless the excursion is cancelled - as per the College Refund Policy.

I give permission for my son/daughter (full name) _____ of Year _____
to attend this excursion and enclose payment of \$ _____ (if required).

I agree that my child will be subject to the direction of the teachers conducting the excursion, and will expect him/her to obey all school rules and instructions governing safety and appropriate behaviour. In the event of an emergency, where the teacher-in-charge is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner. I also authorise the teacher-in-charge to administer such first-aid that he/she judges to be reasonably necessary.

Medicare Number: _____

Is your child covered by: (a) Private Health Insurance: Yes / No Fund name: _____

Member number: _____

(b) Ambulance Cover: Yes / No Member number: _____

Does your child suffer any medical conditions, have allergies, require medication or have special needs that we need to be aware of to ensure his/her wellbeing on this excursion? No /Yes: _____

Please list two telephone numbers that can be used as emergency contacts:

Name: _____ Phone: _____ Relationship to student: _____

Name: _____ Phone: _____ Relationship to student: _____

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