



CONSENT FORM FOR EXCURSION

(Both sides of this form must be completed and returned to the teacher in charge of the excursion)

*Please use block letters when filling out this form

As a parent/caregiver of:

STUDENT'S NAME		PLG	
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I:

PARENT/GUARDIAN NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	Year 8 Induction Day
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at/on:

LOCATION	University of South Australia, Magill Campus		DATE OF ACTIVITY	5/2/2020	
MODE OF TRANSPORT	Walking	DEPARTURE TIME	8:45 am	EST RETURN	1:20 pm

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the reverse of this page.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually. I understand that all school rules, especially regarding tobacco use and general behaviour, apply while on excursion.
- I agree to the transport arrangements as detailed on the reverse of this page.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also submitted health care information, including details of any relevant medical or physical limitations he/she has. I also consent to my child's doctor being contacted in an emergency.
- I understand that all students are required to wear school uniform while representing the school.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts

Parent/Caregiver

NAME					
ADDRESS					
		POSTCODE			
HOME TELEPHONE		WORK TELEPHONE		ALTERNATIVE TELEPHONE	

Family Doctor or Medical Clinic

NAME				
TELEPHONE				

DETAILS OF EXCURSION

If transport is by private car provided by a staff member

NAME OF OWNER	NA		
NAME OF DRIVER	NA		
MAKE OF CAR	NA	REGISTRATION #	
NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR	NA		
OWNER DECLARATION	<p>I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I can not accept payment from the passengers for this excursion.</p> <p>I declare that the car is fully registered, is covered by a comprehensive insurance policy, is in a roadworthy condition and is fitted with sufficient seat belts for all passengers. I understand that the School Governing Council, Principal and / or DECD will not be liable for any damage to the vehicle, or injury to the passengers or driver in the event of an accident. I guarantee that the driver is the holder of a current, full driver's license that is of the applicable class for this vehicle.</p> <p>OWNER: _____ DRIVER: _____ DATE: _____ (If different from owner)</p>		

COSTS TO STUDENT Nil am / pm (date)

TRANSPORT		ENTRANCE FEE	
FOOD			
TOTAL COST	NIL		

ANY FURTHER EXPENSES THAT MAY REQUIRE THE STUDENT TO BRING MONEY ON THE EXCURSION.	NIL
ANY ADDITIONAL EQUIPMENT OR CLOTHING REQUIRED. NB: Students are required to wear school uniform.	

HEALTHCARE INFORMATION

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

Does the student have any medical condition or other healthcare concern?		Yes	No
If yes, give details			
Are you aware of any medical / healthcare emergency that could arise?		Yes	No
Type of emergency and how to recognise it			
Avoidance precautions			
Emergency treatment			
Does the student take any prescribed medication, including inhalers?		Yes	No
If "Yes", what medication?		Does the student carry own medication?	Yes / No
Dose, when and how often taken			
Side effects?			
Do you have Ambulance Subscription?		Yes	No
If "Yes", which fund?			