



CONSENT FORM FOR EXCURSION/CAMP
(To be sent to parents in conjunction with school medical information request form)

*Please use block letters when filling out this form

As a parent/guardian of:

STUDENT'S NAME	
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I:

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

NAME OF ACTIVITY	Swimming Lessons 2015
ACTIVITY DESCRIPTION	Students will attend swimming lessons in Week 2 (2/2/15-6/2/15) OR Week 3 (9/2/15-13/2/15) of Term 1. They will be transported by bus to and from the swimming pool.

at/on:

LOCATION	Woodside Swimming Centre
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FROM:

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 TO:

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 OR ON:

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Has a Health Care Plan already been provided to the school? Yes No

Details of planned activities, transport arrangements and supervising teachers/instructors are provided on the information sheet attached.

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.
- 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 attached health care information, including details of any additional health support he/she requires to undertake the above activities safely. I also consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: _____

Date: / /

Emergency Contacts

Parent/Guardian

NAME	
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ADDRESS	
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	POSTCODE	
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HOME TELEPHONE		WORK TELEPHONE		ALTERNATIVE TELEPHONE	
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Student Medic Alert Number (If applicable): _____

*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.