

LOCAL EXCURSION CONSENT FORM 2018

Please circle the appropriate option that appears in **YELLOW** below

I give permission for my child _____ (name) to be involved in any local excursions in the immediate Melton area for the 2018 school year.

I understand notification will be given of all activities prior to their taking place.

I understand that **he/she** may travel in the school owned bus.

I understand that in the event of my **son's/daughter's** misbehaviour or behaviour that poses a danger to themselves or others during the excursion that I may be contacted to come and collect them from the event.

I acknowledge that that the Department Education and Training does not provide student accident cover insurance.

I also understand that due to inclement weather or other unforeseen circumstances, the excursion may be changed to an alternative date or cancelled.

In the event of the above named student requiring transport to and from school in the case of emergency, I **do/do not** authorise the Principal/Teacher in Charge/delegated staff member to use his/her personal car for such purpose.

I authorise the teacher in charge of the excursion to consent, where it is impractical to communicate with me, to my child receiving such medical or surgical treatment as may be deemed necessary.

ALL FIELD MUST BE COMPLETED BEFORE RETURNING

Parent/Guardian name: _____

Signature of Parent/Guardian: _____ Date: _____

Emergency contact phone number/s: _____

Name of Doctor/Medical Clinic: _____

Address: _____

Drs Telephone Number: _____

Medicare number: _____ Ambulance Membership Number: _____

Does the above named child have any medical conditions: _____

Does the above named child take any medication: _____
