



PARENT/CARER CONSENT FORM

EXCURSIONS

Please return form to: Student Reception

As a Parent/Carer* of _____ Year Level: 11 Tutor: _____

I, _____ give my consent for him/her* to participate in
The Year 11 Study of Religion Excursion to Brisbane from Thursday 19th to Sunday 22nd October 2016

I am aware of the nature of the activity and agree to delegate my authority to the staff and instructors involved.

I accept that the teachers and instructors will take appropriate disciplinary action necessary to ensure the safety, well-being and successful conduct of the students who participate in the activities associated with the excursion.

In the event of any illness or accident, I authorise the obtaining of such medical assistance as my child may require. I accept all medical treatment, blood transfusions and/or anaesthetic risks involved and the responsibility for payment of any expenses thus incurred.

I include the completed medical information section (below) about my child to assist those who are organising the excursion.

Signed _____ Emergency contact phone number _____
(Parent/Carer*)

Medical Information:

Does your child have any medical condition or disability which may affect your child's participation in the school excursion? Yes/No* If Yes, please give details:

Is your child on any prescribed medication(s) which would be required to be continued during the excursion? Yes/No* If Yes, please give details:

Does your child have any allergies (eg insect bites, food)? Yes/No* If Yes, please give details:

Is there any other information you would like to give which, in your view, may affect your child's participation in the excursion? Yes/No* If Yes, please give details:

Doctor's Name: _____ Phone No. _____ Date: _____