



# 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:

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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:

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

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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:

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Doctor's Name: \_\_\_\_\_ Phone No. \_\_\_\_\_ Date: \_\_\_\_\_