# TEMPLATE 4: LOCAL AREA EXCURSION: STUDENTS WHO ARE OVER 18 YEARS OF AGE INFORMATION AND CONSENT

Dear \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am pleased to provide you with the following details regarding our excursion.

|  |  |
| --- | --- |
| **Excursion to:** |  |
| **Class/Year groups attending:** |  |
| **Departure venue, date and time:** |  |
| **Return time:** |  |
| **Excursion leader:** |  |
| **Travel details:** | *Mode of transport and associated details, including details of seatbelt availability and use of seatbelts on buses.* |
| **Excursion cost:** | Transport $  Venue entry $  Other $ |
| **Staff attending:**  *(Include details of staff member with first aid responsibility)* |  |
| **Contact arrangements during excursion:** | *Excursion leader contact details* |
| **Educational purpose of excursion**  This excursion has been planned to supplement the following work being completed in your classroom and/or is part of their education program. | |
|  | |
| **Activities**  You will be participating in the following activities. *(Water based excursions require additional advice and student information. Include as appropriate.)* | |
|  | |
| **Special clothing or other items required**  All excursion participants are to comply with all venue/site special clothing or other item requirements as prescribed. | |
| Details | |
| **Excursion Leader signature:** |  |
| **Principal signature:** |  |
| **Date:** |  |

Please complete, sign and return the section below to the school by (DATE).

# LOCAL AREA EXCURSION: STUDENTS WHO ARE OVER 18 YEARS OF AGE: CONSENT FORM

|  |  |
| --- | --- |
| **Student name:** |  |
| **Class – Year:** |  |
| **Excursion to:** |  |
| **Student health considerations**  If your medical condition has changed or you have special needs, please provide full details and include any relevant medical details on the attached **Student Health Care Summary.** | |
| **Special considerations**  If the proposed excursion poses any health risks in addition to those identified in the *Student Health Care Summary*, please outline additional health risks below:  *e.g. if you suffer from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.* | |
|  | |
| **Emergency medical consent**  I give permission to receive medical treatment in case of emergency.  I am aware that the school and its employees are not responsible for personal injuries or property damage that may occur on an excursion, unless the school or its employees are proven to be negligent. | |
| I agree to | *(Your name)* |
| participate in an excursion to (venue) |  |
| on *(date)* |  |
| I agree to participate fully in all excursions activities and follow the behaviour code as set down by the school.  I will abide by any and all instructions.  I agree to travel to the excursion venue using the transport organised by the school which will/will not have seatbelts **OR**  The school has given permission for me to travel to and from the excursion venue. (Circle appropriate answer)    I acknowledge that I represent the school at all times and my behaviour needs to reflect this. | |
| **Signed** |  |
| **Date** |  |