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

# TEMPLATE 4: LOCAL AREA EXCURSIONS WITH OVERNIGHT STAY INCLUDING CAMPS: INFORMATION AND CONSENT TO PARTICIPATE

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s name:** | |  | | |
| **Class – Year:** | |  | | |
| **Excursion to:** | |  | | |
| **Student health considerations**  If your child’s medical condition has changed or your child has 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 additional health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below:  *e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.* | | | | |
| Details: | | | | |
| **Parent/carer/guardian consent**  I give permission for my child 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 give permission for my child to travel on a bus with or without seatbelts. | | | | |
| **Emergency Contact** | | | | |
| Name |  | | Name |  |
| Daytime Contact |  | | Daytime Contact |  |
| After hours |  | | After hours |  |
| Mobile |  | | Mobile |  |
| Relationship |  | | Relationship |  |
| I consent to | | *(Your child’s name)* | | |
| participating in an excursion to | |  | | |
| on *(Date)* | |  | | |
| Signed | |  | | |
| Date | |  | | |