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

# TEMPLATE 7: LOCAL AREA EXCURSIONS WITH OVERNIGHT STAY INCLUDING CAMPS: STUDENTS WHO ARE OVER 18 YEARS OF AGE PARTICIPATION

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| **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:  *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.* | |
| Details: | |
| **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 consent to | *(Your name)* |
| participating in an excursion to |  |
| on *(Date)* |  |
| Signed |  |
| Date |  |