



CONSENT FORM FOR CAMP / EXCURSION OR SPORTING EVENT
(Both sides of this form must be completed and returned to the teacher in charge of the excursion)

As a parent/caregiver of:

STUDENT'S NAME	
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I:

YOUR NAME	
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give my consent for him/her to participate in:

NAME OF ACTIVITY	YEAR 8 AQUATICS CAMP
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At / on:

LOCATION	VICTOR HARBOR SOUTH AUSTRALIA	
FROM	30/1/19 TO 1/2/19	OR ON:

TRANSPORT ARRANGEMENTS	SCHOOL BUS & VICTOR HARBOR TOURS BUS
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For transport by private car, all drivers and passengers must complete **Transport of Student by Private Vehicle** (see over)

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually
- I understand the costs involved with this excursion and agree to pay such costs.
- In the event of an accident or illness and contact with me being impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical or surgical treatment a registered medical practitioner considers necessary. I will pay all medical and dental expenses incurred on behalf of my child.
- I have also submitted health care information, including details of any relevant medical or physical limitations he/she has. I also consent to my child's doctor being contacted in an emergency.
- I understand that all students are required to wear school uniform while representing the school and abide by the school's behaviour code.
- I am aware of my child's absence from the subject lessons listed below and understand that it is expected that missed work will be made up within a reasonable time as determined by the subject teacher(s).

Parent/Caregiver Signed: _____

Date: ___/___/___

TO THE STUDENT – work required

Before you have the consent form signed by your parent/ caregiver, for camps, excursions or sporting competitions, that involve missing lessons, other than those of the associated subject, you **MUST** negotiate your absence from lessons with your Subject Teachers. You are to negotiate to catch up on missed work within a reasonable time. Student should copy work required into their diaries.

LINE	SUBJECT	WORK REQUIRED	TEACHER'S SIGNATURE
1		/ N/A.	
2			
3			
4			
5			
6			
7			

Once this form has been completed, it **MUST** be returned to and signed by the teacher in charge of the camp/ excursion or sporting competition.

Teacher in Charge Signed: Miss Bence

Date: 27.11.2018

HEALTHCARE INFORMATION

*Any health care information given will not prevent your child participating unless further medical advice warrants exclusion. The health care information you supply to the school will be treated confidentially by the school. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any student health care problems.

Does the student have any medical condition or other healthcare concern?	Yes	No
If yes, give details		
Are you aware of any medical / healthcare emergency that could arise?	Yes	No
Type of emergency and how to recognise it		
Avoidance precautions		
Emergency treatment		
Does the student take any prescribed medication, including inhalers?	Yes	No
If "Yes", what medication?		
Dose, when and how often taken		
Side effects?		

Emergency Contacts - Parent/Guardian

NAME			
ADDRESS			
HOME TELEPHONE	WORK TELEPHONE	ALTERNATIVE TELEPHONE	

Family Doctor or Medical Clinic

NAME	TELEPHONE
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DETAILS OF EXCURSION

MODE OF TRANSPORT	<u>BUS</u>	DEPARTURE TIME	<u>9:00</u> am/pm	EST RETURN	<u>2:30</u> am/pm
If the excursion is not for the full day, the students will be expected to attend normal lessons for the remaining part of the school day. They will need to bring necessary materials and be in school uniform for lessons.					

If transport is by private car provided by a staff member or parent / caregiver:

NAME OF DRIVER			
MAKE OF CAR	REGISTRATION #		
NAMES OF ALL STUDENTS BEING TRANSPORTED IN THIS CAR	<u>N/A</u>		
OWNER DECLARATION	<p>I, the owner of the above vehicle, give permission for the students named above to travel in my car. I am aware that I can not accept payment from the passengers for this excursion. I declare that the car is fully registered, is covered by a comprehensive insurance policy, is in a roadworthy condition and is fitted with sufficient seat belts for all passengers. I understand that the School Governing Council, Principal and / or DECD will not be liable for any damage to the vehicle, or injury to the passengers or driver in the event of an accident. I guarantee that the driver is the holder of a current, full driver's license that is of the applicable class for this vehicle.</p> <p>DRIVER: _____ DATE: _____</p>		

I, _____ as the parent/ caregiver of _____
 give permission for him/her to travel in a private motor vehicle driven by _____
 Signed by parent/caregiver: _____ Date: _____

PARENT CONSENT

I consent /do not consent (please circle one) to my child _____ attending this camp / excursion / sporting competition.

I am aware that the cost of this event is \$ _____ GST FREE and I agree to pay this amount.

Date: _____ Signed by Parent/Caregiver: _____

_____/_____/_____/_____ expiry __/___ CCV ___ Name on Credit Card: _____

Please note: Students will not participate in this activity unless payment or a written commitment to pay has been received.