LOCAL EXCURSION PERMISSION FORM: Separate form required for each child

Dear Parents,

At various time during the year we will be taking advantage of local, educational activities and events that do not require transport e.g. walking to the local library, visiting the shopping centre, visiting the local park for council or sporting events, or walking elsewhere in our local area.

In order to facilitate our ability to take up these opportunities we ask you to sign the ‘PERMISSION AND MEDICAL CONSENT FORM FOR LOCAL EXCURSIONS’ below and return it to the school. It will remain current for the year dated. You will be notified through newsletter and/or information slip about excursions but the returning of permission slips will only be required for excursions outside our immediate local area involving transport. The wording below is recommended by the Catholic Education Office Melbourne.

As the children will be walking to these activities or events there will not be any transport costs involved.

Mr. Brian Booley
Principal

‘PERMISSION AND MEDICAL CONSENT FORM FOR LOCAL EXCURSIONS’
Where I am unable to be contacted or it is otherwise impracticable for me to be contacted, I authorise the teacher in charge of the excursion to consent to my child receiving such medical or surgical assistance as is recommended by a medical practitioner in the event of any illness or accident; administer or consent to such first aid as the teacher in charge of the excursion may consider to be reasonably necessary in the event of any illness or accident. I accept all risks involved in the administration of medical, surgical or first aid treatment considered necessary and the responsibility for payment of all expenses incurred in relation to such treatment and any emergency transportation required.

*Note: This consent applies for the year dated

Student’s Name ________________________________________ Class __________________________

Emergency Contact Name and Phone Numbers:

1. Name ____________________________________________ Phone Number __________________

2. Name ____________________________________________ Phone Number __________________

Signature of Parent/Guardian: __________________________________________________________

Date: ________/______/______
Day Month Year