

CONSENT FOR EXCURSION (6.2.2)

**Please use block letters when filling out this form*

As a parent/guardian of: (student's/child's name)

I: (your name)

give my consent for him/her to participate in: Journeys to Magic Millions and Festival Theatre as part of the Festival of Music

on: (dates)

Details of planned activities, transport arrangements and supervising teachers are provided on the information sheet attached.

Agreement

- I agree to delegate my authority to supervising teachers/instructors. Such leaders may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students/children as a group and individually.
- 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 provided all information necessary for departmental employees to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons..
- I consent to my child's doctor or medical specialist being contacted by medical personnel in an emergency.
- The information given is accurate to the best of my knowledge.

Signed: **Date:**/...../.....

Emergency family contacts

Parent/guardian

(address) (home tel) (work tel) (mob tel)

Alternative emergency contact

(name) (address) (tel)

Emergency medical contact

If your child becomes unwell or is injured, medical attention will be sought if needed. Please provide name, address and telephone number of any medical personnel currently treating your child who may have information that may help emergency services.

(name) (address) (tel)

MedicAlert number:.....

Leadership team members supervising this excursion will use the medical information you have already provided to the school. A member of the leadership team is responsible for the management of basic first aid. Please contact the teacher-in-charge as soon as possible if you think your child may need additional health care support. You need to allow teachers sufficient time to arrange extra assistance for additional health support.