

PERMISSION FOR STUDENT TO ATTEND EXCURSION ACTIVITY

School Name: Parap Primary School		Class/Year: Transition – Year 2	
Times and Dates of activity: Friday 16th October 2020 From: 8:30am to: 10:00am		Student requirements: Full blue school uniform (shorts and t-shirt), sunscreen already applied, walking shoes, school bucket hat, water bottle.	
Details of each activity (<i>itemise each proposed activity and if necessary, attach a proposed itinerary and supervisor list</i>): WALKATHON - Walk around the school boundary, up to a maximum of 5 laps in total.			
Planned Transport: <input type="checkbox"/> School Bus <input type="checkbox"/> Hire Bus <input type="checkbox"/> Town Bus <input type="checkbox"/> Staff/Parent Vehicle <input type="checkbox"/> Student's Own Vehicle <input checked="" type="checkbox"/> Walking <input type="checkbox"/> Other			
Costs associated with activity: Excursion Costs: return of sponsorship collected The suggested amount for spending money is \$0			
Please complete all details below and return it to your child's teacher (teacher in charge) By Thursday 15th October 2020 Failure to do so may result in your child being unable to participate in the activity. (Teacher Signature) (Principal Signature)/...../.....			
Student details			
Student's Family Name:		Student's Given Names:	
Student's Date of Birth:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Parent/Caregiver's Name:		Parent/Caregiver Telephone Number: Work: Home: Mobile:	
Emergency Contact Name (alternate contact):		Emergency Contact Telephone Number: Work: Home: Mobile:	
Student medical details:			
Date of last tetanus injection:	Known allergies (drug reaction etc.):	Dietary restrictions:	
Is the student under medication? (If yes, name medication and attach instructions)			
Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities? Please provide full details (attach information if necessary). Please provide any other information which you believe may help staff provide the best possible care.			
Parental Consent			
Your attention is drawn to the following important points:			
<ul style="list-style-type: none"> • Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action. • The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm. • Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs. • Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student. • Students are not permitted to transport other students in vehicles regardless of written permission being provided. 			
Permission is given to attend this excursion.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Permission is given for school staff to administer first aid if required		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
I agree to pay the excursion costs outlined above.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Where the excursion involves aquatic activities, I consent to my child swimming with supervision.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
...../...../.....	
<i>Parent/Caregiver Name</i>	<i>Parent/Caregiver Signature</i>	<i>Date</i>	