



PARENT INFORMATION AND CONSENT FORM FOR SCHOOL EXCURSION/CAMP – LAND BASED

Dear Parent/Carer/Guardian

I am pleased to provide you with the following details regarding our excursion.

Excursion to:	Class/Year groups attending:
Departure venue, date and time:	Return venue, date and time:
Excursion leader:	Contact arrangements during excursion: <i>Excursion leader contact details</i>
Travel details (<i>mode of transport and associated details</i>):	
Accommodation venue (<i>attach any billet information</i>):	
Excursion cost: Transport \$ Venue entry \$ Other \$	
Supervisory team (<i>include details of staff member with first aid responsibility</i>):	
Educational purpose of excursion This excursion has been planned to supplement the following work being completed in your child's classroom and/or is part of their education program. Details:	
Activities Your child will be participating in the following activities. (<i>Water based excursions require additional supervision advice and student information. Include as appropriate.</i>) Details:	
Special clothing or other items required All excursion participants are to comply with all venue/site special clothing or other item requirements as prescribed. Details:	
Excursion Leader signature:	Date:
Principal signature:	Date:

PARENT CONSENT

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

PARENT INFORMATION AND CONSENT TO PARTICIPATE

Child's name:	Class/Year:
----------------------	--------------------

Excursion to:

Student health considerations If your child's medical condition has changed or your child has 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 additional health risks in addition to those identified in the Student Health Care Summary, please outline additional health risks below:
e.g. if your child suffers from anaphylaxis there may be risks associated with the provision of meals and storage of an adrenaline auto injector at the appropriate temperature.

Details:

Parent/Carer/Guardian Consent
 I give permission for my child 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.

Emergency Contact Details			
Emergency Contact 1		Emergency Contact 2	
Name		Name	
Daytime Contact		Daytime Contact	
After hours Contact		After hours Contact	
Mobile		Mobile	
Relationship		Relationship	

I consent to

participating in an excursion to on