



CONSENT FORM FOR CAMP, EXCURSION, SPORTING OR ADVENTURE ACTIVITY

Updated: 12/19

Requirements in this document must not be altered. Please use block letters when filling out this form

As a parent/legal guardian of:

STUDENT/CHILD'S NAME	
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I:

PARENT/GUARDIAN NAME	
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give my consent for my child to participate in:

NAME OF CAMP/EXCURSION/SPORTING OR ADVENTURE ACTIVITY	Year 9 Camp, Ikara National Park
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at/on:

LOCATION	Ikara National Park
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FROM:

	0	8	2	5
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 TO:

	0	8	2	5
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 OR ON:

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Does your child have any health support, or medication administration needs that should be considered for camps, excursions etc? Yes ☐ No ☐ N/A ☐

If Yes, has a care plan/medication agreement been provided to the school/preschool? Yes ☐ No ☐ N/A ☐

If No, please provide a completed care plan/medication agreement to the school/preschool on completion of this form.

Any other matters that may impact your child's participation in the above activities safely? Yes ☐ No ☐

If Yes, please outline details to the school/preschool in the box below.

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Details of **planned activities, transport arrangements**, anticipated **number of students/children** and **supervising teachers/instructors** are provided on the information sheet below.

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.
- 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.
- Where appropriate I have also attached additional or updated health care information, including details of any additional health support he/she requires to undertake the above activities safely.
- The information given is accurate to the best of my knowledge.
- I acknowledge that a risk management form is available upon request for my inspection at the school.

Signed: _____

Date: / /

Parent/Legal Guardian (in case of emergency)

NAME					
RELATIONSHIP TO CHILD					
TELEPHONE (1)		TELEPHONE (2)		MOBILE	
Student Medic Alert Number (If applicable):					

*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. 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 health care problems.

PLEASE TURN OVER

ACTIVITY INFORMATION SHEET

REASON FOR AND DESCRIPTION OF PLANNED ACTIVITIES	Refer to letter
TRANSPORT ARRANGEMENTS	Bus
NUMBER OF STUDENT/CHILDREN ATTENDING	
NUMBER OF SUPERVISING TEACHERS, INSTRUCTORS AND ADULTS ATTENDING	3
FOR EDUCATION AND CARE SERVICES – THE EDUCATOR TO CHILD RATIO	