



Department of Education and Early Childhood Development Program
Parent Excursion Consent

Title of excursion: **Fun Day**

Cost: \$10 per student

Educational purpose of the program: Christmas Break Up

Details of supervising staff:

Teachers in Charge are: Kristie Bennett, Sarita King, Caity Sim Jo Sydes, Brooke Ingram & Jacqui Mase mobile contact: 0418104618

Staff attending are: Annette Mitchell, Barb Lewis, Kaylie Halligan and Maddi Jeans

Travel arrangements:

Students will travel by bus from Swan Hill Buslines

Activities within this program present the potential for students to sustain physical injury. The following procedures will be implemented – along with other strategies – to manage the potential risks in the program.

Rules and procedures as per school supervision guidelines.

Student behaviour

'I understand that in the event of my son's/daughter's misbehaviour or behaviour that poses a danger to himself/herself or others during the excursion, he/she may be sent home. I further understand that in such circumstances I will be informed and that any costs associated with his/her return will be my responsibility.'

ICT/Photograph consent – signed on enrolment

Consent for emergency transportation

'In the event of an emergency I consent to my child being transported in a privately owned vehicle driven by a member of the supervisory staff listed above.'

Student accident insurance

The Department of Education does not provide student accident cover. Parents may wish to obtain student accident insurance cover from a commercial insurer, depending on their health insurance arrangements and any other personal considerations.

Parent consent

Return by: Tuesday 11th December, 2018

I have read all of the above information provided by the school in relation to the Fun Day excursion being held on Tuesday 18th December, 2018 including any attached material.

I give permission for my child/ren _____ (full name) to attend.

Parent/guardian: _____ (full name)

_____ (signature) _____ (date)

Medical Consent

Where the teacher-in-charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher-in-charge to:

- .Consent to my child receiving any medical or surgical attention deemed necessary by a medical practitioner.
- .Administer such first-aid as the teacher-in-charge judges to be reasonably necessary.

In case of emergency I can be contacted on:

_____ OR:

Note: Parents have completed the 'Confidential medical information for school council approved school excursions'. It is the responsibility of parents to check and update this information if required.