



**Department of Education and Early Childhood Development Proforma  
Parent Excursion Consent**

**Title of excursion: AFL Clinic at the Swan Hill Recreation Reserve Friday 21st June, 2019 Grades (3, 4, 5 & 6) Cost: \$3**

**Educational purpose of the program: Sport/ Social Interaction**

**Details of supervising staff:**

Teachers in Charge are: Sarita King and Brooke Ingram

mobile contact: 0447870881

**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 18<sup>th</sup> June, 2019**

I have read all of the above information provided by the school in relation to the AFL Football Clinic excursion being held on Friday 9<sup>th</sup> March, 2018 from 11:30am-12:30pm at the Swan Hill Recreation Reserve

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.