

# Consent for Excursion/Camp



As parent/guardian of \_\_\_\_\_ (Student Name)

I, \_\_\_\_\_ (Parent/Guardian)

give my consent for him/her to participate in various school excursions.

I agree to delegate my authority to the staff and instructors involved. Such teachers and instructors may take whatever disciplinary action they deem necessary within Departmental and School Guidelines, to ensure the safety, well-being and successful conduct of the students as a group, or individually in the above mentioned activity.

I also authorise the teachers and instructors to obtain medical assistance which they deem necessary should an accident occur and agree to pay all medical and dental expenses incurred on behalf of the above student.

I submit the attached health information about the above student and include details of limitations which he/she has for the activity concerned. I further legally authorise qualified medical practitioners to administer an anaesthetic or to carry out necessary surgical procedures if such an eventuality arises. I give my consent for the above student's local doctor or medial specialist to be contacted in an emergency.

The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**IN CASE OF EMERGENCY, PARENTS LISTED ON 'HEALTH INFORMATION FORM' WILL BE CONTACTED IN THE FIRST INSTANCE (WHERE POSSIBLE).**

Please provide Emergency Contact alternatives should parents/guardians be unavailable:

EMERGENCY CONTACT 1:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREFERRED PHONE NO: \_\_\_\_\_

EMERGENCY CONTACT 2:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREFERRED PHONE NO: \_\_\_\_\_

MEDICAL PERSONNEL:

CLINIC: \_\_\_\_\_

PREFERRED DOCTOR: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

MEDIC ALERT NUMBER: \_\_\_\_\_

NOTE: Health Information requested will be considered confidential by the school and will be treated accordingly. Any health information you provide will not prevent your child from taking part in outdoor education activities unless further medical advice warrants exclusion. The information sought is used to protect and assist students to enjoy all activities safely.