



EXCURSION CONSENT FORM

PORT NOARLUNGA HEADS – SOUTHPORT BEACH : THURSDAY 7 SEPTEMBER 2017

STUDENT'S NAME:		HOME CLASS:
PARENT/CAREGIVER NAME:		

I / we give consent for the above student to participate in:

NAME OF ACTIVITY	Port Noarlunga Heads : Southport Beach
LOCATION	Esplanade, Port Noarlunga

Have you previously provided the school with an Individual Health Care Plan / Action Plan? Yes No N/A

*If no, please provide an updated **Health Care Plan/Action Plan** to the college on completion of this form.*

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 any serious misbehaviour on the part of my child, I understand that I will be contacted and will be responsible for any costs associated with my child's return.
- In the event of an accident or illness, and in an emergency situation where an ambulance is not available within a reasonable period of time, I consent to my child being transported to a hospital/ medical/ dental clinic or to an ambulance by an excursion staff member in a school/ private car as so advised by emergency services.
- 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.
- **I have provided all information necessary for the school to plan safe and reasonable health care support for my child. This includes, if relevant, information about any activity modifications my child may require for medical reasons.**
- **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.**
- I consent to my child's doctor or medical specialist being contacted in an emergency.
- The information given is accurate to the best of my knowledge.

Parent / Caregiver 1	Signature
Contact number	Date
Parent / Caregiver 2	Signature
Contact number	Date

Please return completed consent form to Student Services Office by Friday 1 September