

## Parent Consent Form

### PERMISSION FOR STUDENT TO ATTEND EXCURSION ACTIVITY

School Name:		Class/Year/Subject:	
Teacher in Charge:		Type of excursion/destination:	<i>(international, intrastate)</i>
Likely number of children participating:		Likely number of staff participating:	
Anticipated ratio of educators to children:		<i>A risk assessment has been prepared for this excursion and is available upon request</i>	

Details of each Activity
<i>Itemise each proposed activity and if necessary attach a proposed itinerary and supervisor list.</i>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> <li>•</li> <li>•</li> </ul>

Accompanying adults			
Name	Position	Name	Position

Times and Dates of Activity/ies					
From:	<i>(time)</i>	<i>(date)</i>	To:	<i>(time)</i>	<i>(date)</i>

Student Requirements
<i>e.g. sun protection, running shoes</i>
<ul style="list-style-type: none"> <li>•</li> <li>•</li> </ul>

Planned Transport
<input type="checkbox"/> School Bus <input type="checkbox"/> Hire Bus <input type="checkbox"/> Town Bus <input type="checkbox"/> Staff/Parent Vehicle <input type="checkbox"/> Student's Own Vehicle <input type="checkbox"/> Walking <input type="checkbox"/> Other

Costs associated with activity			
Excursion costs:	\$	Suggested spending money:	\$

**Parents:** please complete all details below and return to *<insert name of Teacher in Charge>* by *<DD/MM/YYYY>*. Failure to do so may result in your child being unable to participate in the activity.

Teacher Signature	Principal Signature	Date
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Student details			
Student's Family Name:		Student's Given Names:	
Student's Date of Birth:		Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Caregiver's Name:		Preferred Contact:	( )
Alternate Contact Numbers:	(W)	(H)	(M)
Emergency Contact's Name:		Preferred Contact:	( )
Alternate Contact Numbers:	(W)	(H)	(M)

Student medical details	
Known allergies (drug reactions etc.)	Dietary restrictions: Date of last tetanus injection:
Medication:	<i>Is the student under medication? (If yes, name medication and attach instructions)</i>
Medical conditions:	<i>Has your child any special medical condition, physical or psychological limitations or cultural restrictions which may affect her/him whilst taking part in any activities? Please provide full details (attach information if necessary). Please provide any other information which you believe may help staff provide the best possible care.</i>

Child's Swimming Ability
<p>In relation to the proposed swimming activity (please read carefully, tick appropriate response and sign):</p> <p><i>In my opinion, my child is:</i></p> <p><input type="checkbox"/> <b>A non-swimmer:</b> my child is unable to swim;</p> <p><input type="checkbox"/> <b>A weak swimmer:</b> my child is comfortable and confident in shallow water but is not very strong or confident in deep water. My child cannot swim more than 10 meters;</p> <p><input type="checkbox"/> <b>An average swimmer:</b> my child is a reasonable swimmer and can swim 25 metres and is confident in deep water;</p> <p><input type="checkbox"/> <b>A strong swimmer:</b> my child is a strong swimmer and can swim more than 50 metres and is confident in deep water.</p> <p>My child is <b>not permitted</b> to go in the water <input type="checkbox"/></p> <p>My child is <b>permitted</b> to go in the water <input type="checkbox"/></p> <p>Parent/Guardian's Signature: ..... Date: .....</p> <p>My child has achieved Level ..... in the RLSSA Swim and Survive Program on ...../...../..... (leave blank if you do not know)</p> <p><b>In addition to parental assessment of a student's swimming ability, assessment of an individual's swimming proficiency is conducted by the school/teacher before participating in any aquatic program or activity.</b></p>

### Parental Consent

*Your attention is drawn to the following important points:*

- Students are under the teacher's/supervisor's authority for the duration of the excursion. A student may be returned home at the expense of the parent/caregiver if the teacher/supervisor considers that circumstances warrant such action.
- The Department of Education has a duty of care for students engaged in school related activities, including excursions and sporting events under its direction or supervision. All reasonable steps will be taken to protect students against reasonably foreseeable risks of injury or harm.
- Financial responsibility for medical and other costs incurred in emergency situations or where a decision is taken to return a student home, rests with the parent/guardian of the student. Parents may wish to take out additional insurance to cover such costs.
- Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student.
- Students are not permitted to transport other students in vehicles regardless of written permission being provided.

Permission is given to attend this excursion.  YES  NO

Permission is given for school staff to administer first aid if required  YES  NO

Permission is given to secure medical attention in case of illness/accident whilst on this excursion and I accept responsibility for any costs involved including ambulance transport if applicable.  YES  NO

I agree to pay the excursion costs outlined above.  YES  NO

Where the excursion involves aquatic activities, I consent to my child swimming with supervision.  YES  NO

..... /..... /.....  
*Parent/Caregiver Name* *Parent/Caregiver Signature* *Date*