

# Permission for student to attend excursion

## Parent consent form

Fields marked with asterisk (\*) are mandatory.  
Fields marked with caret (^) are office use only.

### Excursion details (to be completed by school)

<b>School name</b>			
<b>Teacher in charge</b>		<b>Class/Year/Subject</b>	
<b>Likely number of children participating</b>			
<b>Likely number of staff participating</b>			
<b>Anticipated ratio of educators to children</b>			
A risk assessment has been prepared for this excursion and is available upon request.			
<b>Purpose of the excursion</b>			
<b>Details of the destination</b>			
<b>Times and dates of the excursion</b>			
<b>From time</b>		<b>From date</b>	
<b>To time</b>		<b>To date</b>	
<b>Regular outing / reoccurring excursion details (if applicable)</b>			
<b>To time</b>		<b>To date</b>	

Day/s of outing		How often will the outing occur e.g. weekly for 6 weeks	
<b>Details of each activity</b>			
<b>Student requirements: e.g. sun protection, running shoes</b>			
<b>Accompanying adults</b>			
<b>Name</b>	<b>Position</b>	<b>Name</b>	<b>Position</b>
<b>Planned transport</b>	School bus/Hire bus/Town bus/Staff or parent vehicle/Student's own vehicle/Walking/Other		
<b>Is a child restraint/booster seat requested?</b>	Yes/No		
<b>If yes, an approved child restraint/booster seat will be provided by the</b>	School/preschool/parent/guardian		
<p>Seatbelt and safety restraint requirements are dependent on the type of vehicle being used. In the NT all children under seven years of age must be secured in an approved child restraint or booster seat when travelling in a vehicle. For further information see <a href="#">Child restraints frequently asked questions</a>.</p>			
<b>Costs associated with the excursion</b>			
<b>Excursion costs (\$)</b>		<b>Suggested spending money (\$)</b>	
<b>Teacher in charge</b>		<b>Form return date</b>	
<b>Teacher signature</b>		<b>Date</b>	
<b>Principal signature</b>		<b>Date</b>	
<b>Student details (to be completed by parent/guardian)</b>			
<p>Please complete all details below and return to the Teacher in Charge by the return date. Failure to do so may result in your child being unable to participate in the activity.</p>			
<b>Student's family name</b>		<b>Student's given name</b>	

<b>Student's date of birth</b>		<b>Student's gender</b>	Male/Female
<b>Contact details</b>			
<b>Parent/guardian's name</b>		<b>Emergency contact</b>	
<b>Preferred contact</b>	Work/Home/Mobile	<b>Preferred contact</b>	Work/Home/Mobile
<b>Work</b>		<b>Work</b>	
<b>Home</b>		<b>Home</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Student's medical details</b>			
<b>Known allergies e.g. drug reactions</b>			
<b>Dietary restrictions</b>			
<b>Date of last tetanus injection</b>			
<b>Is the student under medication?</b>	Yes/No		
<b>If yes, name medication and attach instructions</b>			
<b>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?</b>	Yes/No		
<b>If yes, please provide full details, attach information if necessary. Please provide any other information which you believe may help staff provide the best possible care.</b>			
<b>Student's swimming ability</b>			
In relation to the proposed swimming activity in my opinion, my child is:			
<b>A non-swimmer: my child is unable to swim</b>	Yes/No		
<b>A weak swimmer: 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</b>	Yes/No		
<b>An average swimmer: my child is a reasonable swimmer and can swim 25 metres and is confident in deep water</b>	Yes/No		

<b>A strong swimmer: my child is a strong swimmer and can swim more than 50 metres and is confident in deep water</b>	Yes/No		
<b>My child is permitted to go in the water</b>	Yes/No		
<b>What level has the student achieved in the RLSSA Swim and Survive Program?</b>			
<b>If known provide the date it was achieved</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>Parent/guardian's name</b>		<b>Date</b>	
<b>Parent/guardian's signature</b>			
<b>Parental consent</b>			
<p>Your attention is drawn to the following important points:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• 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.</li> <li>• Liability for loss, theft or damage to student property is the responsibility of the parent/guardian of the student.</li> <li>• Students are not permitted to transport other students in vehicles regardless of written permission being provided.</li> <li>• The parent/guardian is responsible for informing the school/preschool of any change in consent to their child attending an excursion and of any changes to student medical details.</li> <li>• Privacy Notice: The Department of Education collects the information on this form in accordance with the Excursions Policy, and may disclose this information to third parties in connection with this excursion. Failure to provide this information may result in your child being unable to attend the relevant school excursion. For further information, or to access the information you provide on this form please contact your child's school.</li> </ul>			
<b>Permission is given to attend this excursion</b>	Yes/No		
<b>Permission is given for school staff to administer first aid if required</b>	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	
If required, I agree to provide an approved child restraint/booster seat		Yes/No	
Parent/guardian's name		Date	
Parent/guardian's signature			

## Further information

Return the completed form to the school.