



POMONAL

PRIMARY SCHOOL

Excursion Form: [write camp title here]

Who: [Year level's attending]

What: [Purpose of camp]

When: [Date]

Why: [Educational rationale]

How: [Transport to and fro event/ location]

Bring/ Wear: [Equipment]

Cost:

I consent to my child (_____) taking part in this excursion and 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 such medical or surgical attention as may be deemed necessary by a medical practitioner,
- Administer such first-aid as the teacher in charge may judge to be reasonably necessary

Signature of parent/ guardian: _____ **Print Parent Guardian Name** _____ **Date:** _____

I will/ will not be picking up/ attending [complete if parent involvement required etc.]

Emergency Contact number for this excursion: _____

Doctor Name: _____ **Doctor Telephone:** _____ **Medicare Number:** _____

Family has ambulance subscription: Y / N

The Department of Education and Training requires this consent to be signed for all students attending school excursions.