

COLAC PRIMARY SCHOOL

Excursion – Parent/Guardian information and consent form.

Please complete and return to school by:

Excursion Venue/Activity:	
Room/s:	Date:
Transport:	Cost:
Depart School:	Return School:
Activities:	
Teacher in Charge:	
Excursion Staff:	
Number of Parent Helpers:	
School Contact for Emergency:	
Clothing/Lunch:	

✂

I consent to my child participating in the:
 excursion.

I authorise the teacher in charge of the excursion to consent, where it is impracticable to communicate with me, to my child/children receiving medical or surgical treatment as may be deemed necessary.

Child/children.....

Signature (parent/guardian)

Emergency Phone Contact B.H. A.H.....

Is there any change to the medical information held by the school? Yes/No

If yes please state

Is your child presently taking medication? Yes/No

If yes please state

- Medicine must be handed to the teacher in charge prior to the excursion.