

*Parent Consent Form*  
**PERMISSION FOR STUDENT TO ATTEND EXCURSION ACTIVITY**

School Name:	Taminmin College	Class/Year/Subject:	Year 6 Orientation Day
Teacher in Charge:	Viki Kane	Type of excursion:	Local

*\*\*Please indicate primary school you attend below\*\**

Times and Dates of Activity/ies					
Bees Creek, Humpty Doo, Middle Point and other Primary schools.					
From:	8:30am	19 <sup>th</sup> September	To:	3:10pm	19 <sup>th</sup> September
Howard Springs, Berry Springs, Girraween and other Primary Schools.					
From:	8:30am	21 <sup>st</sup> September	To:	3:10pm	21 <sup>st</sup> September

Student Requirements	
e.g. sun protection, running shoes	
<ul style="list-style-type: none"> <li>• School Uniform</li> <li>• Enclosed Shoes</li> </ul>	<ul style="list-style-type: none"> <li>• Hat, water bottle</li> <li>• Lunch or money for canteen</li> </ul>

**Parents:** please complete all details below and return to Taminmin College by Friday 15<sup>th</sup> September 2017. Failure to do so may result in your child being unable to participate in the activity.

..... *VKm* ..... *M McDonald* ..... 2 / 8 / 2017  
 Teacher Signature                                      Principal Signature                                      Date

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>

**Student medical details (continued)**

Medical conditions:	<p><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></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