

OAKLEIGH PRIMARY SCHOOL EXCURSION

# CONSENT FORM

EXCURSION NAME:

DATE:

YEAR LEVELS / CLASSES INVOLVED:

TEACHER IN CHARGE:

COST TO ATTEND:

PAYMENT DETAILS:

MODE OF TRANSPORT:

DEPARTURE TIME:

RETURN TIME:

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## PARENT / GUARDIAN CONSENT

Child's Name: .....

Parent Telephone Contact: .....(Bus Hours) .....(After Hours)

Doctor's Name: ..... Doctor Telephone: .....

Medicare N<sup>o</sup>: .....

Medical Conditions:

- Asthma       Travel Sickness       Epilepsy       Other (Provide details below)

.....  
.....

I consent to my child taking part in this excursion and where the teacher in charge of the excursion is unable to contact me, I authorize the teacher in charge to:

- consent to my child receiving medical or surgical attention as deemed necessary by a medical practitioner
- administer such first-aid as the teacher in charge may judge to be reasonably necessary.

Parent Signature: ..... Date: .....

**Please complete, sign and return to school with full payment**