

**CONSENT FORM FOR LOCAL WALKS/EXCURSION**

Please use block letters when filling out this form

**As a parent/legal guardian of:**

STUDENT/CHILD'S NAME	
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**I:**

PARENT/LEGAL GUARDIAN NAME	
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**give my consent for them to participate in local walks/excursions to areas within a 1 km radius from the school or preschool during the school year for educational purposes when no costs are incurred (e.g. walks to the park).**

Parents/legal guardians will be notified in advance of the local walk/excursion details (ie date, activity and times) via student diaries/notes.

Consent forms for all other types of camps/excursions will be issued as they arise.

**Agreement**

- I agree to delegate my authority to supervising teachers/instructors. Such supervisors may take whatever disciplinary action they deem necessary to ensure the safety, well-being and successful conduct of the students as a group and individually.
- In the event of an accident or illness and contact with me is impracticable or impossible, I authorise the teacher-in-charge to arrange whatever medical treatment a registered medical practitioner considers necessary.
- The information given is accurate to the best of my knowledge.

Signed: \_\_\_\_\_

Date:     /     /

Student Medic Alert Number (If applicable):	
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\*Any health care information provided is not intended to prevent your child participating unless specific medical advice warrants exclusion. The health care information you supply to the school/preschool will be treated confidentially. Such information is sought in order to protect and assist the student so the activity may be a safe and enjoyable experience. Please contact the teacher-in-charge if you wish to discuss any health support needs.

