

# PARENTAL CONSENT

I have read and understood the attached information regarding the Year **6 Day Camp** Excursion to **Point Walter Recreational Camp site** on **Wednesday 18<sup>th</sup> October 2017** and understand the nature of the activities proposed.

I am aware that:

- Department of Education insurance does ***not*** cover personal accidents through misadventure
- any costs incurred as a result of accident or illness are my responsibility and
- school staff are not responsible for any loss or damage to my child's personal property that may occur during the course of the excursion nor loss or damage of personal belongings.
- I agree to inform the organisers before the scheduled excursion departure of any change to my child's health and fitness so that appropriate supervision may be arranged.

Where it is not practical to communicate with me, I authorise the teacher in charge of the excursion to consent to my child receiving such medical treatment as may be considered necessary.

**My child's medical record is current Yes/No**

***If not I understand an updated medical form is to be completed and handed into the front office prior to the excursion.***

***Student health care forms are available from the front office***

If needed I can be contacted on phone number \_\_\_\_\_ Name \_\_\_\_\_

Emergency Contact Mr / Mrs / Ms \_\_\_\_\_

Phone Number \_\_\_\_\_

## Year 6 - Pt Walter Day Camp 18/10/17

I give my consent for my child \_\_\_\_\_ in Room

*Full name of child*

Payment Method (Please Tick):

**CASH/CHEQUE** - I have enclosed \$78.00 for my child to participate in the Yr 6 Day Camp  
***Please put money in a clearly marked envelope and place in the payments box in the office.***

Electronic Remittance:

- Bank transfer: Yokine School Fund  
BSB 066 127 A/C 00900 206  
*Reference: Childs Name & Room No*
- QKR Payment (Phone APP)

**Deduct from Upfront Incursions/Excursion payment/account credit**  
(if you are unsure if you made this payment to create a credit in your child's account, please contact Michelle Vandenhelm – Manager Corporate Services on 9242 2726)

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_