

Chess Club Excursion

I have read and understood the attached information regarding the chess club excursion to Carmel Primary School on Wednesday, 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.

If needed I can be contacted on telephone number

Emergency Contact: Mr / Mrs / Ms

Telephone Number _____

I give my consent for my child _____
in Room _____ to attend this excursion.

My child's medical record is current Yes / No

If not, I understand that 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.

Signature of parent/guardian _____ **Date** _____ /2017