

**EXCURSION / PERFORMANCE /**

**ACTIVITY CONSENT FORM**

**An excursion/performance/activity has been organised for your child’s class. Information is as follows:**

|  |  |
| --- | --- |
| **Excursion/Performance/Activity:** | School Swimming Carnival |
| **Venue:** | Peninsula Leisure Centre, Woy Woy |
| **Date(s):** | Monday February 27, 2016 |
| **Classes involved:** | Students in Years 3, 4, 5 & 6 |
| **Cost of excursion/performance is:** | $9.00 |
| **The class will depart from:****At (time) and return at (time)** | Depart School - 9.00amDepart Peninsula Leisure Centre – 2.00pm |
| **Travel will be by:** | Bus |
| **The group will be supervised by:** | Class Teachers |
| **Please provide/additional information** | **If this activity is extra-curricular, the principal may not approve the attendance of students who are not meeting the school expectations of being a safe, respectful learner prior to the activity date, although parental consent may have been given.****Additional permission note is attached and must be completed and returned with excursion consent form.** |

 Trish Peters – Principal  Jon Wright

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**Medical Disclaimer**

Parents please note there is no personal injury insurance cover provided by the NSW Department of Education and Training for students in relation to school sporting activities, physical education lessons or any other school activity. Parents and caregivers are advised to assess the level and extent of their child’s involvement in the sport program offered by the school, zone, area, and state school sport associations when deciding whether additional cover, above that provided by Medicare, is required.

The NSW Supplementary Sporting Injuries Benefits Scheme, funded by the NSW Government, covers any injury resulting in the permanent loss of a prescribed faculty or the use of some prescribed part of the body.

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**EXCURSION CONSENT FORM**

I hereby consent to ………………………….…………. **(Student’s name)** in Class ........ participating in the following**:**

Special needs of my child which you should be aware of **(eg allergies, medication, etc.) (Please provide full details)**:

……………………………………………………………………………………………………………………..

I give/do not give permission for my child to receive medical treatment in case of emergency.

 I have attached payment or;

**I have made an online payment for this excursion. My receipt number is \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Signed: …………………………………………………. **(Parent/Caregiver**) Date: ………………………

**Please complete both forms and return to school by Wednesday February 22, 2017.**