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<b>CONSENT FORM FOR SCHOOL EXCURSION</b>	
<b>Activity: Grade 6 Basketball Day</b>	
<b>Date of Activity: Friday 21<sup>st</sup> September</b>	<b>Cost: \$16.50</b>
<b>Venue: Dandenong basketball Centre</b>	
<b>Departure time: 9:00 am</b>	<b>Return time: Approx. 2:30 pm</b>
<p><b>Details: Students will travel by <u>a fully insured private vehicle driven by a fully licensed driver</u> to Dandenong Basketball Centre. There they will participate in a round robin, against teams of like abilities from the EDEC cluster in a fun competition.</b></p> <p><b>This is a compulsory activity and part of the curriculum. We will be assessing students on their skill level, personal, and interpersonal and team working skills.</b></p> <p><b>Included in the cost is court hire and umpire fees and transport.</b></p> <p><b>Students must wear shorts (black, no pockets), proper footwear (runners) and the school T-shirt.</b></p> <p><b>In order for the day to run smoothly, we are looking for parent helpers to assist in coaching and scoring on the day. Please fill out the below box if you are able to assist. Thank you.</b></p> <p><b>To keep costings down we require parent drivers. Please let us know if you're able assist.</b></p>	
<b>Please sign and return this form <i>BY WEDNESDAY 19<sup>TH</sup> SEPTEMBER</i></b>	
<b>Teachers attending: Ross Woolger and Megan Pearton</b>	

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**CONSENT FORM FOR SCHOOL EXCURSION**

I give permission for my child \_\_\_\_\_ in Grade \_\_\_\_\_ to attend grade six basketball day on the 21<sup>st</sup> September 2018 and to travel in a fully insured private vehicle driven by a fully licensed driver.

**I am able to assist in coaching or scoring for a team on the day**   
**Contact number** \_\_\_\_\_

**I am able to assist in transport to and from the venue on the day and I am fully licensed and am fully insured**  
**Contact number** \_\_\_\_\_

**CONSENT TO MEDICAL ATTENTION ON EXCURSION**

*Does your child have an allergy  medical condition  that may require treatment on the day?  
 Please provide details of the condition and supply relevant medication, to the teacher, on the day, along with dosage details and time of administration. Please ensure the note is signed and dated.*

Where the teacher in charge of the excursion is unable to contact me, or it is otherwise impracticable to contact me, I authorise the teacher in charge to:

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

The Department of Education requires this consent form to be signed for all students attending school excursions.

*On days of extreme weather conditions an excursion may be cancelled at the last minute for safety reasons.*

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

