

17<sup>th</sup> of October, 2018

Gembrook Rd.,  
Cockatoo 3781  
PH: 5968 8017  
FAX: 5968 9502



<b>CONSENT FORM FOR SCHOOL EXCURSION</b>	
<b>Activity: Ride for Rick Memorial Bike Ride 2018</b>	
<b>Date of Activity: 16<sup>th</sup> – 17<sup>th</sup> November 2018</b>	<b>Cost: Nil</b>
<b>Venue: Foster Primary School</b>	
<b>Departure time: 9:15 am</b>	<b>Return time: 4:00 pm</b>
<b>Number of parents required: 3</b>	
<b>Details: Students will travel in a private vehicle with a parent or staff member who has a full license in a fully comprehensively insured and roadworthy vehicle to and from Buffalo and/or Foster Primary School.</b>	
Consent form must be returned to school <b>no later than 9 am on Friday 3<sup>rd</sup> of November.</b>	
<b>Staff attending: Meredith Smith, Tim Stapelton, Shane Pearton, Jutta Burgstahler and Kelly Stovold</b>	

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**CONSENT FORM FOR SCHOOL EXCURSION**

I give permission for my child \_\_\_\_\_ in Grade \_\_\_\_\_

to attend Grade 4 Rick Annal Bike Ride on the 16<sup>th</sup> – 17<sup>th</sup> of November, 2018 by a private vehicle which is roadworthy and comprehensively insured,

Name \_\_\_\_\_ Phone \_\_\_\_\_

**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 \_\_\_\_\_

**CONSENT FORM FOR SCHOOL EXCURSION PHOTOS**

I give permission for my child \_\_\_\_\_ in Grade \_\_\_\_\_

to have photos that have been taken on the Rick Annal Bike Ride 2018 to be shared with sponsors to be used for promotion of their business.

Name \_\_\_\_\_ Phone \_\_\_\_\_